

Form No. 1

## (1) PLACE OF BIRTH

County of **Sumter**  
**Privateer**

Township of .....

or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

22708

Registration District No. **4104**..... Registered No. **57**.....  
(For use of Local Registrar)(No. .... St. .... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.(2) Full Name of Child **Ineter Hopkine**..... If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <b>Girl</b>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <b>yes</b>	(7) DATE OF BIRTH <b>July, 9th, 1923</b> (Name of Month) (Day) (Year)
--------------------------------	---	------------------------------	---------------------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME <b>Ben Hopkine</b>	(14) NAME BEFORE MARRIAGE <b>Ineter Mellette</b>	(18) PRESENT POSTOFFICE OF FATHER <b>Sumter, S.C.</b>	(18) PRESENT POSTOFFICE OF MOTHER <b>Sumter, S.C.</b>
(10) COLOR OR RACE <b>Colored</b>	(11) AGE AT LAST BIRTHDAY <b>50</b> (Years)	(16) COLOR OR RACE <b>Colored</b>	(17) AGE AT LAST BIRTHDAY <b>31</b> (Years)
(12) BIRTHPLACE		(16) BIRTHPLACE <b>Sumter Co. S.C.</b>	
(13) OCCUPATION <b>Farming</b>		(16) OCCUPATION <b>House and Field Work.</b>	
(20) Number of children born to mother, including present birth <b>Ten</b>		(21) Number of children of this mother now living, including present birth <b>Ten</b>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **4 PM** M., on the date above stated. (Signature of Physician or Midwife) **Wm. L. G. G. G.** (Date) **July 9, 1923** (Time) **4 PM** M. or P. M.)(23) (Signature) **Wm. L. G. G. G.**  
(24) State whether Physician or Midwife **Midwife** Address of Physician or Midwife **Sumter, S.C.**

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by parent)  
**7-11-1923.**  
(27) Filed **10** Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.