

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town ofor
City of Sumter, S.C. (No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32411

Registration District No. 41a Registered No. 178
(For use of Local Registrar)

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 21 1922</u> (Name of Month) (Day) (Year)
-------------------------------	---	--	--	--

FATHER.

(8) FULL NAME Lacey Butler(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE ?(13) OCCUPATION Sawmill(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Susie Butler(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Sumter, S.C.(19) OCCUPATION Laundress(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret Glover(24) State whether midwife

Physician or Midwife

(25) Address of Physic

or Midwife

Sumter, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 10 1922 (28) D. O. Brown
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.

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN No. 1 THE OTHER No. 2, etc., in question 5.
 RECORD OF COLUMBIA, COLUMBIA S. C.