

Form No 1.

(1) PLACE OF BIRTH

County of SumterTownship of Courtneyor
Inc. Town of Sumteror
City of

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

2) Full Name of Child Ella Muldrow { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 28, 1906 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Robert Muldrow</u>	(14) NAME BEFORE MARRIAGE <u>Rosella Jasper</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>	(16) COLOR OR RACE <u>Colored</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(18) BIRTHPLACE <u>Moses Farm S.C.</u>	(19) OCCUPATION <u>Farmer</u>
(10) COLOR OR RACE <u>Colored</u>	(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>	
(11) BIRTHPLACE <u>Sumter S.C.</u>			
(12) OCCUPATION <u>Farmer</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive, at 1 o'clock P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Agnes J. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

(26) Witness William H. ...(27) Date July 8, 1907 (28) Signature W. J. McKen

When there was no attending physician or midwife, the father, householder, etc., should make this statement, and a child breathes even once, it must not be reported as stillborn.