

(1) PLACE OF BIRTH

County of Sumter
 Township of S. C. Tabery
 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
37861

Registration District No. 11.0.? Registered No. 11
 (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 William Albert If child is not yet named, make supplemental report as directed

(3) SEX OR ONLY <u>boy</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 29 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Albert Adrian</u>			(14) NAME BEFORE MARRIAGE <u>Alice Jenkins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hubert S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hubert S. C.</u>	
(10) COLOR OR RACE <u>col</u>			(16) COLOR OR RACE <u>col</u>	
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. H. H. H.

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Hubert 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 Dec 5 1923

(28) 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.