

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of

or

Inc. Town of

or

City of Sumter S.C.

(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

Registration District No. 4108

File No.—For State Registrar Only

32507Registered No. 182
(For use of Local Registrar)(2) Full Name of Child Annae Miller

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

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? <u>Triplet</u> To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>9-11-1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Isaac Willie9) PRESENT POSTOFFICE OF FATHER Sumter S.C.10) COLOR OR RACE Color 11) AGE AT LAST BIRTHDAY 37
(Year)12) BIRTHPLACE Sumter Co.13) OCCUPATION Laborer20) Number of children born to mother, including present birth 1-6

MOTHER.

14) NAME BEFORE MARRIAGE Rebecca Kiron15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.16) COLOR OR RACE color 17) AGE AT LAST BIRTHDAY 35
(Year)18) BIRTHPLACE Sumter Co.19) OCCUPATION House work21) Number of children of this mother now living, including present birth 1-6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Cornelia Albert

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. Willie Hubard
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 19 (28) Paul B. Egan
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.
WRITE 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.