

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Concordor
Inc. Town of

City of

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA** Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only
12170Registration District No. Registered No.
(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 Marion Louise Dumas If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE

BIRTH

March 15, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Richard Dumas

(9) PRESENT POSTOFFICE OF FATHER

Sumter S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

2 1/2
(Years)

(12) BIRTHPLACE

Sumter

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Jane Ellen Dumas

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

18
(Years)

(18) BIRTHPLACE

Mayesville S.C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

1

(20) Number of children born to mother, 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 8 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eliza Dumas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Sumter S.C.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

Mar. 31, 1923

(28)

Local Registrar

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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.