

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 6.

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown
 Township of St. James
 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
10521

Registration District No. 2103 Registered No. 47
 (For use of Local Registrar)

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

(2) Full Name of Child Walter Cumber

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 2 (6) Are Parents Married No (7) DATE OF BIRTH Jan 12 1923
 (If child is not yet named, make supplemental report as directed)

FATHER.		MOTHER.	
(8) FULL NAME <u>He would not tell</u>	(14) NAME BEFORE MARRIAGE <u>Martha Cumber</u>	(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Andrews SC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>
(12) BIRTHPLACE	(18) BIRTHPLACE <u>Georgetown Co S C</u>	(19) OCCUPATION <u>Farmer</u>	
(20) OCCUPATION			
(21) Number of children born to mother, including present birth	(22) Number of children of this mother now living, including present birth		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Martha Cumber (25) Address of Physician or Midwife Andrews SC
 (26) State whether Physician or Midwife

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) Walter Cumber
 (28) Signed May 9 1923 (29) Walter Cumber 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.