

Form No. 1

(1) PLACE OF BIRTH

County of Florence
 Township of Five
 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

3825

Registration District No. 2001 Registered No. 7

(For use of Local Registrar)

(No. _____ (Ward) _____)

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

(2) Full Name of Child

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

1. SEX Male 2. Type Single 3. Number in order of birth 1
 To be answered only in event of Twin or Triplet

4. Are Parents Married Yes5. DATE OF BIRTH Feb 10 1923
 Name of Month (Day) (Year)

FATHER

MOTHER

6. FULL NAME Miss Berne(14) NAME BEFORE MARRIAGE Miss Berne7. PRESENT POSTOFFICE OF FATHER Sumter(15) PRESENT POSTOFFICE OF MOTHER Sumter8. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Year)(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 25 (Year)9. BIRTHPLACE Sumter(18) BIRTHPLACE Sumter10. OCCUPATION Farmer(19) OCCUPATION Farmer11. Number of children born to mother, including present birth 1(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Hour A. M. or P. M.) 11:30 A. M.
 on the date above stated.(22) (Signature) John A. Smith(23) (true whether Physician or Midwife) Midwife(24) Address of Physician or Midwife Sumter

Have you added from a supplemental report

(25) Witness John A. Smith

(Signature of Witness necessary only when question 23 is signed by mark)

(26) Date Feb 10 1923(27) Local Registrar John A. Smith

If there was no attending physician or midwife, the father, householder, etc., should make a report as soon as possible after the birth of the child. No report is desired of stillborn child breathed even once, if made before the first breath of pregnancy.