

Form No. 1.

(1) PLACE OF BIRTH

County of Sumter

Township of Sumter

Inc. Town of Sumter

City of Sumter

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

53938

Registration District No. 4108 Registered No. 2.3

(For use of Local Registrar)

(No. 4108 St.; 2.3 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

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar. 26 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Davis

(9) PRESENT POSTOFFICE OF FATHER Sumter

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Sumter County

(13) OCCUPATION Carpenter

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Johnson

(15) PRESENT POSTOFFICE OF MOTHER Sumter

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Sumter County

(19) OCCUPATION House keeping

(22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 9.45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Linda S. H. H. H.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 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 Apr 2 1914 (28) One B. H. H. 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.

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

McCaw, of Columbia