

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

72784

## (1) PLACE OF BIRTH

County of SumterTownship of SumterInc. Town of SumterCity of SumterRegistration District No. 207Registered No. 74  
(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 Archie C. Hazard If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 26</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Goodman Hazard</u>	(14) NAME BEFORE MARRIAGE <u>Leah Hazard</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>Sumter</u>	(18) BIRTHPLACE <u>Charleston S.C.</u>	(19) OCCUPATION <u>House Keeper</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
(13) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born, at Sumter, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Mason  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

191...

Registrar

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

(27) Filled 191... (28) as Kelly 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.

Cav. of Columbia