

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Providence  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

22724

Registration District No. 4125 Registered No. 60  
 (For use of Local Registrar)

City of ..... (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 Sam Givens (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet To be answered only in case of Twin or Triplet	5. Number in order of birth	6. Are Parents Married <u>yes</u>	7. DATE OF BIRTH <u>July 7, 1925</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>Willie Givens</u>			14. NAME BEFORE MARRIAGE <u>Kate Yates</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Dineen S.C.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Wesley S.C.</u>	
16. COLOR OR RACE <u>col</u>	17. AGE AT LAST BIRTHDAY <u>25</u> (Year)	18. COLOR OR RACE <u>col</u>	19. AGE AT LAST BIRTHDAY <u>23</u> (Year)	
10. BIRTHPLACE <u>S.C.</u>			16. BIRTHPLACE <u>S.C.</u>	
11. OCCUPATION <u>Public work</u>			17. OCCUPATION <u>Housewife</u>	
12. Number of children born to mother, including present birth <u>6</u>			18. Number of children of this mother now living, including present birth <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) Dora Peterson(25) State whether Physician or Midwife midwife(26) Address of Physician or Midwife Dineen S.C.

Given name added from a supplemental report

(27) Witness M. R. Rims

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

(29) Registrar J. K. Roffalo(30) Filed July 31, 1925

(31)

\*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