

(1) PLACE OF BIRTH

County of Anderson

Township of _____

Inc. Town of Sumter Path

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File-No.—For State Registrar Only

3048

Registration District No. 307 Registered No. 17

(4) City of _____ (No. _____ St.; _____ Ward)
If born occurs in a hospital or other institution, give name of street and number.

2) Full Name of Child James Moffatt Donald If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 28, 1922
To be answered only in event of twins or triplets. (Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME S. F. Donald

(9) PRESENT POSTOFFICE OF FATHER Sumter Path S. C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Pharmacist

(14) Number of children born to mother, including present birth Three

MOTHER:

(14) NAME BEFORE MARRIAGE Jubie Moffatt

(15) PRESENT POSTOFFICE OF MOTHER Sumter Path S. C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) E. H. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Home

Given name added from a supplemental report _____, 191____

Registrar

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

(27) Filed Feb. 1922 (28) J. C. Williams 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.

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.

State of South Carolina
BUREAU OF VITAL STATISTICS
FORM NO. 1 (1917)
REGISTRATION DISTRICT NO. _____ REGISTERED NO. _____
COUNTY OF _____