

(1) PLACE OF BIRTH

County of Anderson

Township of _____

In, Town of Sumter

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

(For use of Local Registrar)

City of Sumter St.; _____ (Ward)
If born occurs in a hospital or other institution, give name of same instead 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? <u>Boy</u>	4) Twin or triplet? _____	5) Number in order of birth _____ <small>To be answered only in event of twins or triplets</small>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Jan. 28, 1922</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER

8) FULL NAME S. L. Donald9) PRESENT POSTOFFICE OF FATHER Sumter P.O. S.C.10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)12) BIRTHPLACE S.C.13) OCCUPATION Pharmacist14) Number of children born to mother, including present birth Three

MOTHER

14) NAME BEFORE MARRIAGE Julia Moffatt15) PRESENT POSTOFFICE OF MOTHER Sumter P.O. S.C.16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)18) BIRTHPLACE S.C.19) OCCUPATION Domestic20) 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 at _____ (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 Sumter, 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) Filed Dec. 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

(29) _____ Local Registrar

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