

## (1) PLACE OF BIRTH

County of SumterTownship of 11

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9333

Registration District No. .... Registered No. 555

(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Julius Alexander

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 event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 4</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME Jay Blasing

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

(10) COLOR negro (11) AGE AT LAST BIRTHDAY 20 (Year)

(12) BIRTHPLACE Sumter Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Rosa M. Cook

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

(16) COLOR negro (17) AGE AT LAST BIRTHDAY 22 (Year)

(18) BIRTHPLACE Sumter Co.

(19) OCCUPATION housewife

(21) 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 alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie White

(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

(28) 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.

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LOCAL REGISTRAR