

Form No. 1.

(1) PLACE OF BIRTH
County of Sumter
Township of Concord
or
Inc. Town of
or
City of (No. St.; Ward)
(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

44752

Registration District No. 4100 Registered No. 113
(For use of Local Registrar)
(2) Full Name of Child Truly Bingle } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov, 4, 1911
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Junius Bingle</u>	(14) NAME BEFORE MARRIAGE <u>Rosa Jackson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Sumter, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter, S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, 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 alive at S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Winnie Witherspoon
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness D. H. Newman
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 11/5/11 (28) J. H. Newman
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.

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.

McCaw, of Columbia.

FORM NO. 1, 1911, REVISED 1912, BY THE STATE BOARD OF HEALTH, COLUMBIA, S. C.