

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Manchester
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32439

Registration District No. 4101... Registered No. 15
 (For use of Local Registrar)

(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 Jermine Ragins If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Parents Married? Yes 7. DATE OF BIRTH Sept. 13, 22
 (Name of month) (Day) (Year)

FATHER
 8. FULL NAME David Ragins
 9. PRESENT POSTOFFICE OF FATHER Pinewood #1
 10. COLOR OR RACE Col 11. AGE AT LAST BIRTHDAY 31
 (Year)
 12. BIRTHPLACE Sumter County
 13. OCCUPATION Farmer
 20. Number of children born to mother, including present birth 2

MOTHER
 14. NAME BEFORE MARRIAGE Sallie James
 15. PRESENT POSTOFFICE OF MOTHER Pinewood S.C. #1
 16. COLOR OR RACE Col 17. AGE AT LAST BIRTHDAY 26
 (Year)
 18. BIRTHPLACE Clarendon County
 19. OCCUPATION Field Hand
 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 Alive on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dorcas Pleasant
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Box Pinewood #1

Given name added from a supplemental report

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

(27) Filed Sept. 30, 1922 (28) F. M. Coulter 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH ENFADING INK—THIS IS A PERMANENT RECORD, and make the
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.