

(1) PLACE OF BIRTH

County of Sumter
Township of Concord

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

53889

Inc. Town of Registration District No. 4.100 Registered No. 16
(For use of Local Registrar)
City of (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 Joseph James } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>no</u> <small>to be reported only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar. 10</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Alex James

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

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 39
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Williams

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

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 33
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother new living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9. A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

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

(26) Witness J. E. Newman
(Signature of Witness necessary only when question 28 is signed by mark)
(27) Filed 3/14 1916 (28) Ans. J. 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.

BEARING REGISTRATION STATE CERTIFICATE
 REGISTERED STATE—THIS IS A PERMANENT RECORD
 M. B.—In case of twins or triplets use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1, THIS CHILD, No. 2, etc., in question 5.
 M. C. W. of Columbia.