

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Privateer
 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

30337

Registration District No. 4104 Registered No. 54
 (For use of Local Registrar)

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

(2) Full Name of Child Blanch Wells

(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? No 7) DATE OF BIRTH Sept. 8, 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Wells(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

House and Field work.(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

10:30 AM

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

(23) (Signature) M. J. Myers
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Sumter, S.C.

(Given name added from a supplement-
 tal report)

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

(26) Filed 9-8-23 19 (28) J. J. DeLong Local Registrar

*When there was no attending physician or midwife, then father, householder, etc., should make this report.
 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.