

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Ashtree Creekor
Inc. Town ofor
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

16913

Registration District No. 41.66Registered No. 37

(For use of Local Registrar)

(2) Full Name of Child

Sila James

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets <u>4</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 2, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Caleb James(9) PRESENT POSTOFFICE OF FATHER Rembert S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE Sumter Co(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Sila Edwards(15) PRESENT POSTOFFICE OF MOTHER Rembert S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Sumter Co(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Maceys(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Rembert S.C.

Given name added from a supplemental report

(26) Witness W C Hailer
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 9, 1922 (28) W C Hailer
Registrar 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.

WRITE PLAINLY. MARKS RECEIVED FOR BINDING. N. B.—In case of twins or triplets, make a separate placard for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.