

Form No. 1

(1) PLACE OF BIRTH

County of Sumter S.C.

Township of

or
Inc. Town ofor
City of Sumter S.C.(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 Thelma Ellen Farmer

File No. - For State Registrar Only

37851

CERTIFICATE OF BIRTH

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

Registration District No.

Registered No. 133
(For use of Local Registrar)3 SEX OR
CHILDgirl4 Type
or Triplet

To be answered only in case of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Marriedyes

(7) DATE OF

BIRTH Nov 25 to 23

(Name of Month) (Day) (Year)

FATHER

8 FULL
NAMEMarion M. Farmer9 PRESENT
RESIDENCE
OF FATHERSumter S.C.(10) COLOR
OR
RACEcolored(11) AGE AT LAST
BIRTHDAY26

(Years)

(12) BIRTHPLACE

Sumter S.C.

(13) OCCUPATION

Law Mill

MOTHER

(14) NAME BEFORE
MARRIAGELillian M. Patterson(15) PRESENT
RESIDENCE
OF MOTHERSumter S.C.(16) COLOR
OR
RACEcolored(17) AGE AT LAST
BIRTHDAY19

(Years)

(18) BIRTHPLACE

Sumter S.C.

(19) OCCUPATION

Housewife(20) Number of children of this mother
now living, including present birth5(21) Number of children born to
mother, including present birth5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Agnes J. J.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed

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(28)

Carl B. Egan
Local RegistrarWhen 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.