

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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. THE OTHER, No. 2, etc., in question 1.

Division of Statistics, Columbia, S. C.

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

Registration District No. 4104

File No.—For State Registrar Only  
26415

Registered No. 67  
(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 Lena James

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 AUG. 5, 1928  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME	(14) NAME BEFORE MARRIAGE <u>Dicy James</u>
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter, S.C. No. 2.</u>
(10) COLOR OR RACE	(16) COLOR OR RACE <u>Colored</u>
(11) AGE AT LAST BIRTHDAY	(17) AGE AT LAST BIRTHDAY <u>28</u>
(12) BIRTHPLACE	(18) BIRTHPLACE <u>Sumter Co. S.C.</u>
(13) OCCUPATION	(19) OCCUPATION <u>House and Field Work.</u>
(20) Number of children born to mother, including present birth <u>TWO</u>	(21) Number of children of this mother now living, including present birth <u>TWO</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 11 10 AM, on the date above stated. (Hour of Day) (Month) (Year)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Midwife Address Sumter, S.C. No. 2

Given name added from a supplemental report

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

(27) Filed AUG. 13, 1928 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.