

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Sumteror
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

5372

Registration District No. 4608Registered No. 50
(For use of Local Registrar)(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 John Paul

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

(1) BOY OR GIRL <u>Bo.</u>	(2) Twin or Triplet To be covered only in event of Twin or Triplet	(3) Number in order of birth	(4) Age <u>4 yr.</u> Months <u>7</u>	(5) DATE OF BIRTH <u>Feb. 25, 1924</u> (Name of Month) (Day) (Year)
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FATHER.

(6) FULL NAME James Paul(7) PRESENT POSTOFFICE OF FATHER Sumter, S.C. 1770(8) COLOR OR RACE Neg. (11) AGE AT LAST BIRTHDAY 27
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Gerah Jones(16) PRESENT POSTOFFICE OF MOTHER Sumter, S.C. 1770(17) COLOR OR RACE Neg. (18) AGE AT LAST BIRTHDAY 25
(Year)(19) BIRTHPLACE S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Napier, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sumter, S.C. 1770

Given name added from a supplemental report

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

(27) Filed Mar. 4, 1924 (28) Local Registrar

When there was no attending physician or midwife, then the 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.

REMARKS: UNRECORDED FOR BIRTHS.

WRITE PLAINLY. WITH UNFADING INK—USE IN A PERMANENT RECORD.

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. See question 1.

Model of Columbia, Columbia, S. C.