

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Williamburg
Township of Hope
or
Inc. Town of
City of

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

File No.—For State Registrar Only

9428

Registration District No. 4301

Registered No. 25
(For use of Local Registrar)

(2) Full Name of Child

Charles James Humble

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

(3) BOY OR GIRL Boy (4) Twin or Triplet (5) Married in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Mar 7, 22
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME James Lumbie
(9) PRESENT POSTOFFICE OF FATHER Gulleyville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(22) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Miss Ditchman
(15) PRESENT POSTOFFICE OF MOTHER Gulleyville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Polly Fullum
(25) State whether Physician or Midwife (26) Address of Physician or Midwife Gulleyville S.C.

Given name added from a supplemental report

(27) Signature of Witness Mar 18, 22
(28) Name J. A. Blawie

When there was no attending physician or midwife, then the father, householder, or other person should make the report. If a child breathes even once, it should be reported as stillborn. No report is needed of miscarriage.