

WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 K. 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 4.

(1) PLACE OF BIRTH

County **SUMTER, S. C.**

Township of

Inc. of **SUMTER, S. C.**

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

No. 1.—For State Registrar Only
30288

Registration District **41-A** Registered No. **149**
 (For use of Local Registrar)

(2) Full Name of Child **James Dicks** (If child is not yet named, make supplemental report as directed)

(3) SEX OR GENDER **Boy** (4) Twin or Triplet **No** (5) Number in order of birth **1** (6) Are Parents Married **No** (7) DATE OF BIRTH **Sept 1, 1923**
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Peter Dicks**

(9) PRESENT POSTOFFICE OF FATHER **Philadelphia, Pa.**

(10) COLOR OR RACE **Colored** (11) AGE AT LAST BIRTHDAY **41 1/2** (Year)

(12) BIRTHPLACE **Sumter - S. C.**

(13) OCCUPATION **R. R. Worker**

(14) Number of children born to mother, including present birth **1**

MOTHER.

(14) NAME BEFORE MARRIAGE **Emma Williams**

(15) PRESENT POSTOFFICE OF MOTHER **Sumter - S. C.**

(16) COLOR OR RACE **Colored** (17) AGE AT LAST BIRTHDAY **30** (Year)

(18) BIRTHPLACE **S. C.**

(19) OCCUPATION **House Work**

(20) Number of children of this mother now living, including present birth **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **5 P. M.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Susie**

(24) State whether Physician or Midwife **Midwife**

(25) Address of Physician or Midwife **Sumter - S. C.**

Given name added from a supplemental report

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

(27) Filed **Oct 5, 1923** (28) **D. O. Boush** 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.