

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Lowland  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16859

Registration District No..... Registered No.....  
 (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 Rosa Perry (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH May 23, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME illegitimate  
 (9) PRESENT POSTOFFICE OF FATHER  
 (10) COLOR OR RACE  
 (11) AGE AT LAST BIRTHDAY.....  
 (Years)  
 (12) BIRTHPLACE  
 (13) OCCUPATION  
 (20) Number of children born to mother, including present birth {.....}

## MOTHER.

(14) NAME BEFORE MARRIAGE Valla Perry  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter 26 R1  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY.....  
 (Years)  
 (18) BIRTHPLACE  
 (19) OCCUPATION at home  
 (21) Number of children of this mother now living, including present birth {.....}

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Martha Lawrence  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter 26 R1

Given name added from a supplemental report

(26) Witness J. D. Kinney  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 30, 1922 (min) R. J. Kinney  
 Registrar 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.

MAINTAIN UNRECORDED FOR BINDING. WRITE PLAINLY. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND NUMBER THEM. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND NUMBER THEM. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND NUMBER THEM.