Form No. 1

(1) PLACE OF BIRTH

County of _Sumter_

Township of ....

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.......... Registered No.... _130_
(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 _Lizzie 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 _Yes_	(7) DATE OF BIRTH _Nov 15_ 19__

To be answered only in event of Twin or Triplet

(Name of Month) (Day) (Year)

FATHER.	**MOTHER.**
(8) FULL NAME _Wm James_	(14) NAME BEFORE MARRIAGE _Mona Brown_
(9) PRESENT POSTOFFICE OF FATHER _Sumter S.C._	(15) PRESENT POSTOFFICE OF MOTHER _Sumter S.C._
(10) COLOR OR RACE _Col._ (11) AGE AT LAST BIRTHDAY _6?_ (Years)	(16) COLOR OR RACE _Col._ (17) AGE AT LAST BIRTHDAY _25_ (Years)
(12) BIRTHPLACE _S.C._	(18) BIRTHPLACE _S.C._
(13) OCCUPATION _Job work_	(19) OCCUPATION _Housewife_
(20) Number of children born to mother, including present birth _3_	(21) Number of children of this mother now living, including present birth _3_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.... _born alive_ ..at _7_ P.M.,
on the date above stated.   (Born alive or stillborn)   (Hour A. M. or P. M.)

(23) (Signature) _Mary Maple_

(24) State whether Physician or Midwife _Midwife_   (25) Address of Physician or Midwife _Sumter S.C._

Given name added from a supplemental report

.... 19....
Registrar

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

(27) Filed _1-1-_ 19__ (28)........ _Carl B_ ....
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.