

Form No. 1

(1) PLACE OF BIRTH

County of S.C.  
 Township of Sumter  
 or  
 Inc. Town of Sumter  
 or  
 City of Sumter

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**28961**

Registration District No. 28a Registered No. 67  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. 1000 St. P.C. Ward 1)

(2) Full Name of Child William Henry

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 25 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William H. Jones  
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Year)  
 (12) BIRTHPLACE Georgia  
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Wade  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Year)  
 (18) BIRTHPLACE Georgia  
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 (21) 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 St. DL.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. Jones  
 (24) State whether Physician or 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 23 is answered by mark)

(27) Filed 7-25-23 (28) Local Registrar James H. Jones

\*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.