

Form No. 1.

(1) PLACE OF BIRTH

County of SumterTownship of Concord

Inc. Town of

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

File No.—For State Registrar Only

87583

Registration District No. 14-100 Registered No. 114

(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child

Robert James

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Nov. 16, 1916

FATHER.

(8) FULL NAME

Caron James

(9) PRESENT POSTOFFICE OF FATHER

Sumter S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

(Years)

22

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Fannie Boardard

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

(Years)

18

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(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 born alive at Sumter S.C. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Elizabeth T. Harrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Sumter S.C.

Given name added from a supplemental report

101

Registrar

(26) Witness

Mrs. F. E. Newman

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

(27) Filed

11/30

1916

(28)

A. J. Newman

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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.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 5.

McGraw, of Columbia