

Form No. 1

(1) PLACE OF BIRTH

County of Sumter S.C.

Township of

or
Inc. Town ofCity of Sumter S.C.

(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

37850

Registration District No.

Registered No. 134
(For use of Local Registrar)

(2) Full Name of Child

Albert Muldrow

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

3 SEX OR
GENDERboy4 Twin
or Triplet

To be answered only in event of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
Marriedyes

(7) DATE OF

BIRTH Nov 23 1923
(Name of Month) (Day) (Year)

FATHER.

8 FULL
NAMEAbraham Muldrow9 PRESENT
RESIDENCE
OF FATHERSumter S.C.10 COLOR
OR
RACEcolored(11) AGE AT LAST
BIRTHDAY21
(Years)

12 BIRTHPLACE

Sumter County

13 OCCUPATION

mining

MOTHER.

(14) NAME BEFORE
MARRIAGEMarie Johnson(15) PRESENT
RESIDENCE
OF MOTHERSumter S.C.(16) COLOR
OR
RACEcolored(17) AGE AT LAST
BIRTHDAY20
(Years)

(18) BIRTHPLACE

Sumter Co.

(19) OCCUPATION

House keeping(21) Number of children of this mother
now living, including present birth222 Number of children born to
mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature)

(24) State whether Physician or Midwife

Midwife Mary Ann Johnson

(25) Address of Physician or Midwife

Given name added from a supplement-
al report

(26) Witness

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

(27) Filed

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(28)

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.