

Form No. 1

(1) PLACE OF BIRTH

County of Flamilton

Township of

or Town of

City of

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

Registration District No. 2002

No. for State Registrar

3843

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

(3) SEX OR GEAR girl (4) Type of Triple yes (5) Number in order of birth 1 (6) DATE OF BIRTH Jan 22, 1922
(Date of Month) (Day) (Year)

FATHER

(7) FULL NAME Henry Wilma
(8) PRESENT POSTOFFICE OF FATHER Sumner
(9) COLOR OR RACE Colored (10) AGE AT LAST BIRTHDAY 35 (Year)
(11) BIRTHPLACE Hampton
(12) OCCUPATION Barman
(13) Number of children born to father, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Marie Leprie
(15) PRESENT POSTOFFICE OF MOTHER Sumner
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Year)
(18) BIRTHPLACE Hampton
(19) OCCUPATION Barman
(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born (22) Date Jan 22, 1922 (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Midwife Eliza S. S.
(24) State whether Midwife (25) Address of Physician or Midwife Sumner

(26) When there was any abnormality or complication, give a brief description of same: None
(27) Signature of Witness necessary only when question 26 is signed by mark: None