

Form No. 1

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

No. for State Registrar only

5367

Registration District No. Registered No. 37

(For use of Local Registrar)

City of (No. St. Ward)

(2) Full Name of Child Mary E. Greer (If birth occurs in a hospital or other institution give name of same instead of street and number.)

3) BOY OR GIRL Girl 4) Twin or Triplet one 5) Number in order of birth 1 6) Age at birth W 7) DATE OF BIRTH Feb 17 23

FATHER: (8) FULL NAME Richard Wilson (9) PRESENT POSTOFFICE OF FATHER Dead (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 2 (12) BIRTHPLACE Sumter County (13) one

MOTHER: (14) NAME AND MARRIAGE not marriage (15) PRESENT POSTOFFICE OF MOTHER Orange S.C. (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 2 (18) BIRTHPLACE Sumter County (19) OCCUPATION Farming (20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. M. McElya (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Orange S.C.

(26) Witness Easter Spauld (27) Filed Feb 27 23 (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 needed of children before the fifth month of pregnancy.

MARGIN RESERVED FOR REMARKS.

WRITE PLAINLY. WITH SPACING. USE INK. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD. See note to question 1. FIRST-BORN. No. 1. THEN OTHER. No. 2, etc. In question 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.