

FORM NO. 1.

(1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only
70657

Registration District No. 4108 Registered No. 89
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St.; Ward)

(2) Full Name of Child

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

(3) BOY OR	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>June 22</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME	(14) NAME BEFORE MARRIAGE <u>Hattie Ballard</u>
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter</u>
(10) COLOR OR RACE	(16) COLOR OR RACE <u>Colloid</u>
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE
(13) OCCUPATION	(19) OCCUPATION <u>Work on Farm</u>
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at & P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leah A. Singleton
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
Registrar

(26) Witness M. J. Stott
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 4 1916 (28) W. B. S. P.
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.

Copy of Columbia

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