

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Low
 OR
 Inc. Town of
 OR
 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

36543

Registration District No. 4100 Registered No. 76
 (For use of Local Registrar)

(2) Full Name of Child Paul Haymon

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? 4 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 13, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ransom Haymon
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C. R. 1.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 31 (Years)
 (12) BIRTHPLACE Sc
 (13) OCCUPATION farm hand
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Haymon
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. R. 1.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Sc
 (19) OCCUPATION house wife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Roseanne at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Mary McRae

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sumter S.C. R. 1.

Given name added from a supplemental report

(26) Witness J. D. Kinner

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

(27) Filed Oct 2, 1922(28) Wm. R. Kinner 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.