

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of North

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

Registration District No. HB

No. for State Registrar Only

43093

Registered No. 32

(For use of Local Registrar)

(2) Full Name of Child James Lee

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

3) BOY OR GIRL Boy

4) Twin or Triplet

To be answered only in event of Twin or Triplet

5) Number in order of birth

6) Any Previous Marriages Yes

7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME James Lee9) PRESENT POSTOFFICE OF FATHER Sumter10) COLOR OR RACE W11) AGE AT LAST BIRTHDAY 46

(Year)

12) BIRTHPLACE

13) OCCUPATION

20) Number of children born to mother, including present birth

MOTHER.

14) NAME BEFORE MARRIAGE William15) PRESENT POSTOFFICE OF MOTHER Sumter16) COLOR OR RACE W17) AGE AT LAST BIRTHDAY 23

(Year)

18) BIRTHPLACE

19) OCCUPATION

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 born alive or stillborn on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Lee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness James Lee

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

(27) Filed James Lee

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(28) James Lee

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.