

Form No 1.

(1) PLACE OF BIRTH

County of Sumter

Township of Canal

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

44759

Registration District No. 4-100

Registered No. 131

(For use of Local Registrar)

(2) Full Name of Child Carlton Padden

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 28

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leff Mc Padden

(9) PRESENT POSTOFFICE OF FATHER Beaufort SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Sumter Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Pate

(15) PRESENT POSTOFFICE OF MOTHER Beaufort SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Sumter Co

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Harvey P. Pate

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter SC

Given name added from a supplemental report

(26) Witness H. Kinner (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 1 1914 (28) Don 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.

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 2.