

(1) PLACE OF BIRTH

County of SumterTownship of Corn Creek

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

53885

Registration District No. 4-100 Registered No. 23

(For use of Local Registrar)

(2) Full Name of Child David James { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>to be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 9</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Paul Gamon

(9) PRESENT POSTOFFICE OF FATHER Sumter SC RTH

(10) COLOR OR RACE Wepo (11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE Sumter Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lena Daves

(15) PRESENT POSTOFFICE OF MOTHER Sumter SC RTH

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31
(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 4 PM M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lena J. Brown
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness 44. Kinney
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 23 1914 (28) Don Kinney
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.

SEPARATE BLANKS FOR EACH CHILD. MARK THE
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.
 WHEN PLAINLY. WITH UNDERSTANDING. THIS IS A PRELIMINARY REPORT.
 No. 2. In case of TWINS OR TRIPLETS use 2 SEPARATE BLANKS FOR EACH CHILD. MARK THE