

FORM NO. 1.

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

or

Inc. Town of Marion

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

44760

Registration District No. 4-101 Registered No. 18

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child Pearl Birtle Rutherford Child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 23 1914

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME John Richardson(14) NAME BEFORE MARRIAGE Minnie Singleton(9) PRESENT POSTOFFICE OF FATHER Pinewood(15) PRESENT POSTOFFICE OF MOTHER Pinewood(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 30 (Years)(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Sumter county(18) BIRTHPLACE Sumter county(13) OCCUPATION Farmer(19) OCCUPATION House wife(20) Number of children born to mother, including present birth Two(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was 11 at a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elizabeth Green(24) State whether Physician or Midwife Midwife Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Widdings Signature of Witness necessary only if question 23 is signed by mark(27) Filled Widdings (28) Widdings Local Registrar

\*When there was no attending physician or midwife, the holder, etc., should make this return. If a child breathes even once, it must not be reported as a stillbirth. If desired of stillbirths before the fifth month.

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.

McCaw, of Columbia.