

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of Privateer

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

19328

Registration District No. 4104Registered No. 57  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child James Julius Hopkins (If child is not yet named, make supplemental report as directed)1. BOY OR GIRL Boy 2. Twin or Triplet? --- 3. Number in order of birth ---  
To be answered only in event of Twin or Triplet10. Are Parents Married? yes11. DATE OF BIRTH June, 28-1923  
(Name of Month) (Day) (Year)

## FATHER.

12. FULL NAME Julius Hopkins13. PRESENT POSTOFFICE OF FATHER Sumter, S.C.14. COLOR OR RACE Colored 15. AGE AT LAST BIRTHDAY 25  
(Year)16. BIRTHPLACE Sumter Co. S.C.17. OCCUPATION Farming

## MOTHER.

18. NAME BEFORE MARRIAGE Lucy Rozier19. PRESENT POSTOFFICE OF MOTHER Sumter, S.C.20. COLOR OR RACE Colored 21. AGE AT LAST BIRTHDAY 23  
(Year)22. BIRTHPLACE Sumter Co. S.C.23. OCCUPATION House and Field Work.24. Number of children born to mother, including present birth TWO25. Number of children of this mother now living, including present birth TWO

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was alive at 4 AM. M., on the date above stated. (If child was stillborn, (Hour A. M. or P. M.))(27) (Signature) Frederick Montgomery(28) State whether Physician or Midwife Midwife Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report

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

6-20-1923.

(30) Filed 19 (31) Local Registrar

19 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