

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Sumter

Inc. Town of

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

37801

Registration District No. 1.04 Registered No. 1.2
(For use of Local Registrar)(2) Full Name of Child Alameda Haynsworth

3 SEX OF CHILD <u>Inf</u>	4 Twin or Triplet? To be answered only in event of Twin or Triplet	5 Number in order of birth	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>Nov. 8, 1925</u> (Month of Month) (Day) (Year)
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FATHER		MOTHER	
8 FULL NAME <u>Martha Haynsworth</u>	10 NAME BEFORE MARRIAGE <u>Alma Hallam</u>	9 PRESENT POSTOFFICE OF FATHER <u>Sumter, S.C.</u>	11 PRESENT POSTOFFICE OF MOTHER <u>Sumter, S.C.</u>
12 COLOR OR RACE <u>Colored</u>	13 AGE AT LAST BIRTHDAY <u>28</u> (Years)	14 COLOR OR RACE <u>Col.</u>	15 AGE AT LAST BIRTHDAY <u>25</u> (Years)
16 BIRTHPLACE <u>Sumter, S.C.</u>	17 OCCUPATION <u>Dom Laborer</u>	18 BIRTHPLACE <u>Sumter, S.C.</u>	19 OCCUPATION <u>House & Livery Road</u>
20 Number of children born to mother, including present birth <u>Four</u>	21 Number of children of this mother now living, including present birth <u>Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was at M.,
on the date above stated. (Born alive or stillborn) (Hour) (M.) (P.M.)(23) (Signature) Martha Haynsworth(24) State Physician or Midwife (Signature) Martha Haynsworth

Give name added from a supplemental report

(25) Witness (Signature) Alameda Haynsworth(26) (Signature of Witness) Alameda Haynsworth(27) (Signature) Alameda Haynsworth(28) (Signature) Alameda Haynsworth(29) (Signature) Alameda Haynsworth

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.