

Form No. 1

(1) PLACE OF BIRTH

County of Savannah  
Township of Greenville  
or  
Inc. Town of Simpsonville  
or  
City of .....

(If birth occurs in a hospital or institution, give name of same instead of street and number.)

(2) Full Name of Child

Child Humbert

No. - For State Registration  
**32357**

Registration District No. 4-2-50 Registered No. 127  
(For use of Local Registrar)

3) BOY OR GIRL girl 4) Type of Triplet yes 5) Date of Birth July 21, 1943  
To be answered only in case of triplet

FATHER.  
6) FULL NAME James Humbert  
7) PRESENT POSTOFFICE OF FATHER Simpsonville, S.C.  
8) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 37  
9) BIRTHPLACE Winneton S.C.  
10) OCCUPATION Farming  
12) Number of children born to mother, including present birth 1

MOTHER.  
13) NAME BEFORE MARRIAGE Verda Beeks  
14) PRESENT POSTOFFICE OF MOTHER Simpsonville  
15) COLOR OR RACE black (16) AGE AT LAST BIRTHDAY 37  
17) BIRTHPLACE Laurin S.C.  
18) OCCUPATION Domestic  
19) Number of children of this mother now living, including present birth 1

(20) I hereby certify that I attended this child, who was born on the date above stated.

Signature of Physician or Midwife J. P. M.  
Address of Physician or Midwife Simpsonville, S.C.  
Given name and name of mother Mrs. J. P. M.  
Signature of mother J. P. M.  
Date July 21, 1943

THIS FORM IS TO BE USED FOR THE REGISTRATION OF BIRTHS OF CHILDREN BORN IN THE STATE OF SOUTH CAROLINA. IT IS TO BE FILLED OUT BY THE PHYSICIAN OR MIDWIFE ATTENDING THE BIRTH. IT IS TO BE FILED IN THE OFFICE OF THE CLERK OF THE COUNTY COURT, IN THE COUNTY WHERE THE BIRTH OCCURRED. IT IS TO BE KEPT FOR A PERIOD OF FIFTY YEARS. IT IS TO BE REPRODUCED IN A SEPARATE BLANK FORM FOR EACH CHILD. SEE QUESTION 1.