

Form No 1.

## (1) PLACE OF BIRTH

County of SumterTownship of Com each

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 Register Only

66385

Registration District No. 4114 Registered No. 61

(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

## (2) Full Name of Child

(1) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 13

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Joe Priouan(9) PRESENT POSTOFFICE OF FATHER Alcocks SCRA(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Char Co(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

## MOTHER

(15) NAME BEFORE MARRIAGE Ide Tomlin(16) PRESENT POSTOFFICE OF MOTHER Alcocks SCRA(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 33 (Years)(19) BIRTHPLACE Sumter Co(20) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 PM on the date above stated. (Bereavement or stillborn) (Hour & M. or P. M.)(23) (Signature) Philip S. Catt

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Wade W. K. Rogers SC

(26) Witness (Signature of witness necessary only when question 25 is signed by mark)

(27) Date June 13, 1914 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. A child breathes even once, it must not be reported as stillborn. No report is desired of stillborns during month of pregnancy.