

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Clinton

Inc. Town of

City of

(If birth occurs in a hospital or 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

5343

Registration District No. 104 Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 25 1913</u> (Name of Month) (Day) (Year)
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FATHER			MOTHER		
(8) FULL NAME <u>Julius Pearson</u>	(14) NAME BEFORE MARRIAGE <u>Susan Mason</u>		(10) PRESENT POSTOFFICE OF FATHER <u>Sumter, S.C. #2</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Sumter, S.C. #2</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter, S.C. #2</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Year)		(10) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Year)	
(10) COLOR OR RACE <u>Colored</u>	(12) BIRTHPLACE <u>Sumter Co. S.C.</u>		(16) BIRTHPLACE <u>Sumter Co. S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(16) OCCUPATION <u>Home Aided Sewing</u>		
(20) Number of children born to mother, including present birth <u>Five</u>			(21) Number of children of this mother now living, including present birth <u>Five</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. H. H. H. H.

(24) State whether Physician or Midwife or Nurse or any other person

Given name added from a supplemental report

(25) Witness J. H. H. H. H.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 3/1 1913 (28) Leo L. Bandy Local 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 Bureau of Columbia, Columbia, S. C.