

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Defting Creek

or

Inc. Town of

or

City of(No. St.; Ward)
(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

20326

Registration District No H. 1. 6.Registered No. 58

(For use of Local Registrar)

(2) Full Name of Child

Jane Chambers

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets 4

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jasper Chambers

(9) PRESENT POSTOFFICE OF FATHER

Hogsd S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

80

(Year)

(12) BIRTHPLACE

Sumter Co

(13) OCCUPATION

farmer

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Margie Hickman

(15) PRESENT POSTOFFICE OF MOTHER

Hogsd S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

28

(Year)

(18) BIRTHPLACE

Sumter Co

(19) OCCUPATION

housewife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Emmaline James

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Hogsd S.C.

Given name added from a supplemental report

(26) Witness

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

W. C. Hailer

(27) Filed

June 24, 1922

(28)

W. C. Hailer

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 UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MOBAY OF COLUMBIA, COLUMBIA, S. C.