

Form No. 1

(1) PLACE OF BIRTH

County of Sumter  
Township of Fulton  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

32536

Registration District No. 4-1-1... Registered No. 63  
(For use of Local Registrar)

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

(2) Full Name of Child Camilla Ada (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 24, 22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Sam Adam  
(9) PRESENT POSTOFFICE OF FATHER Pineville S.C.  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Year)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farm work  
(20) Number of children born to mother, including present birth 12

MOTHER.  
(14) NAME BEFORE MARRIAGE Mary Thomas  
(15) PRESENT POSTOFFICE OF MOTHER Pineville S.C.  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Year)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... alive... at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Matilda White  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pineville S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 10, 1922 (28) C. S. Griffin 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.

HAROLD RESERVE FOR BINDING. WHITE PLAINS, 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. THIS OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia S. C.