

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Ashting creek

or

Inc. Town of Sumter

or

City of Sumter

(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

16917

Registration District No. 4106Registered No. 4106
(For use of Local Registrar)

(2) Full Name of Child

Horace William Jr.

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

(3) BOY OR GIRL boy

(4) Twin or Triplet?

(5) Number in order of birth 1st(6) Are Parents Married? yes

(7) DATE OF BIRTH

May 10, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Horace Miller

(9) PRESENT POSTOFFICE OF FATHER

Rembert S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

See co

(13) OCCUPATION

farmer

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

15

MOTHER.

(14) NAME BEFORE MARRIAGE

Flora Robertson

(15) PRESENT POSTOFFICE OF MOTHER

Rembert S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Sumter S.C.

(19) OCCUPATION

housewife

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

15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Sallie Grant

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Durham S.C.

Given name added from a supplemental report

(26) Witness

W.C. Harless
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

May 17, 1922

(28)

W.C. Harless
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.

CAREFULLY EXAMINE FOR HINDING. WRITE PLAINLY. WITH UNFAMILIAR NAMES IN A PROMINENT MARGIN. 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 6.