

Form No. 1

(1) PLACE OF BIRTH

Sumter

County of

Township of ...Privateer...

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4104

File No. - For State Registrar Only

22701

Registered No. 28.....
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Thelma Compton

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

a) BOY OR GIRL Girl b) Twin or Triplet c) Number in order of birth d) Are Parents Married No e) DATE OF BIRTH July, 11-23

FATHER.

1) FULL NAME

2) PRESENT POSTOFFICE OF FATHER

3) COLOR OR RACE (11) AGE AT LAST BIRTHDAY

12) BIRTHPLACE

13) OCCUPATION

14) NAME BEFORE MARRIAGE Janie Compton

15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C. No. 2.

16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 30

18) BIRTHPLACE

19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at..... M.,

on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fannie Singleton

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

Midwife Sumter, S.C.

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

7-18-1923.

(27) Filed (28) 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