

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

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

(2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registration

50579

Registration District No. 4104

Registered No. 19

(For use of Local Registrar)

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

Is reported only in case of twins or triplets

(6) Are Parent Married?

(7) DATE OF BIRTH

Feb. 28

(Name of Month) (Year)

## FATHER.

(8) FULL NAME

Joseph Pack

(9) PRESENT POSTOFFICE OF FATHER

Sumter S.C.R.#2

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

37

(Years)

(12) BIRTHPLACE

Sumter Co. S.C.

(13) OCCUPATION

Farming

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

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Winnie Pack

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S.C.R.#2

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Sumter Co. S.C.

(19) OCCUPATION

Housewife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born on the date above stated.

(23) (Signature)

Linda A. Gandy

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Sumter A.C.R.#2

Given name added from a supplemental report

Registrar

(26) Witness

A.B. Holt

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Feb 29 1914

(28)

Silas B. Holt

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 stillborns before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WHEN 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. S.C.W. of Columbia.