

Form No. 1

(1) PLACE OF BIRTH

County of BerkleyTownship of St. Stephenor
Inc. Town of.....
or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 705

File No.—For State Registrar Only

29082

Registered No. 88
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Elizah Sumter

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

(3) BOY OR GIRL B.

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept. 10, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joe Sumter

(9) PRESENT POSTOFFICE OF FATHER

Pineville

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

Pineville

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Estelle Judge

(15) PRESENT POSTOFFICE OF MOTHER

Pineville

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

Pineville

(19) OCCUPATION

Farm-ripe

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Satira M. Cray

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Pineville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept. 19, 1922 (28) M. A. Feys
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.

RECEIVED AT COLUMBIA, S. C.