

Form No. 1

(1) PLACE OF BIRTH

County of *Sumter*Township of *Sumter*or
Inc. Town of

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Sex *Male* (7) DATE OF BIRTH *Apr 1 1922*

To be answered only in event of Twin or Triplet

(8) FATHER'S FULL NAME *Robert Pack* (9) PRESENT POSTOFFICE OF FATHER *Sumter, S.C.* (10) COLOR OR RACE *Col.* (11) AGE AT LAST BIRTHDAY *29* (12) BIRTHPLACE *Sumter S.C.* (13) OCCUPATION *Farming*

(14) NAME BEFORE MARRIAGE *Agnes de Montigny* (15) PRESENT POSTOFFICE OF MOTHER *Sumter, S.C.* (16) COLOR OR RACE *Col.* (17) AGE AT LAST BIRTHDAY *26* (18) BIRTHPLACE *Charm Ann Co. Se.* (19) OCCUPATION *Doit*

(20) Number of children born to mother, including present birth *Seven* (21) Number of children of this mother now living, including present birth *Doit*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was (23) Signature of Physician or Midwife *[Signature]* (24) State *South Carolina* (25) Date of Birth *Apr 1 1922*

Given name added from a supplemental report

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

(27) Filed *4/6/22* (28) Local Registrar *[Signature]*

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.