

Form No. 1

(1) PLACE OF BIRTH

County of **Sumter**
Private
 Township of
 OF
 Inc. Town of
 OF
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

30343

Registration District No. 4104

Registered No. 82
(For use of Local Registrar)(2) Full Name of Child **Ferdinand Frierson**

(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 ----- (6) Are Parents married **yes** (7) DATE OF BIRTH **Sept. 16-23**
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Lewis Frierson**(9) PRESENT POSTOFFICE OF FATHER **Sumter, S.C. No. 2.**(10) COLOR OR RACE **Colored** (11) AGE AT LAST BIRTHDAY **38**
(Years)

(12) BIRTHPLACE

Georgetown, S.C.

(13) OCCUPATION

Farming(14) Number of children born to mother, including present birth **51 x**

MOTHER.

(14) NAME BEFORE MARRIAGE **Minnie Martin**(15) PRESENT POSTOFFICE OF MOTHER **Sumter, S.C. No. 2.**(16) COLOR OR RACE **Colored** (17) AGE AT LAST BIRTHDAY **26**
(Years)

(18) BIRTHPLACE

Sumter Co. S.C.

(19) OCCUPATION

House and Field work.(20) Number of children of this mother now living, including present birth **21 x**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was **alive** at **9 A.M.** on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *[Signature]*(23) State whether Physician or Midwife **Midwife**(24) Address of Physician or Midwife **Sumter, S.C. No. 2**

Given name added from a supplemental report

(25) Witness *[Signature]*
(Signature of witness necessary only when question 23 is signed "no")(26) Filed **9-20-1923** (27) 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.