

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 or
 Township of Sumter
 or
 Loc. Town of
 or
 City of

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

File No. — For State Registrar Only
10033

Registration District No. 504 Registered No. 99
 (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 Donald Wright If child is not yet named, make supplemental report as directed

1. BOY OR GIRL Boy 2. Twin or Triplet? No 3. Number in order of birth 1 4. Are Parents Married? No 5. DATE OF BIRTH April 9 1922
 (Name of Month) (Day) (Year)

FATHER.

6. FULL NAME
 7. PRESENT POSTOFFICE OF FATHER
 8. COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Year)
 9. BIRTHPLACE
 10. OCCUPATION

MOTHER.

14. NAME BEFORE MARRIAGE Annie Wright
 15. PRESENT POSTOFFICE OF MOTHER Blackville
 16. COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Year)
 18. BIRTHPLACE D.C.
 19. OCCUPATION

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 at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Dr. J. H. Williams (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed May 1 1922 (28) W. D. Williams 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.