

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Sumter
 Inc. Town of
 City of

(2) Full Name of Child

(a) sex Boy (b) Type of Infant
 (c) To be recorded as ...

FATHER.

(10) FULL NAME Charlton K.
 (11) PRESENT RESIDENCE OF FATHER Sumter
 (12) COLOR Cullord
 (13) BIRTHPLACE Massachusetts

(11) AGE AT LAST BIRTHDAY

File No. - For State Registrar Only
26452

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

Registration District No. Registered No. 88
 (For use of Local Registrar)

MOTHER.

(14) NAME BEFORE MARRIAGE Rose Lee Dingle
 (15) PRESENT RESIDENCE OF MOTHER Sumter
 (16) COLOR Cullord (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE Marion, Ga.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born 7-30-92 at 2 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature of Physician or Midwife Jamie Blair
 (24) Address of Physician or Midwife Blair, Midwife

Given name added from a supplemental report

(25) Signature of Witness necessary only when question 22 is signed by mark
C. B. Epps

7-30 1923
 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report as stillborn. No report is desired of children born at the month of pregnancy.