

Form No. 1

## (1) PLACE OF BIRTH

County of Isle of

Township of .....

Inc. Town of .....

City of Isle of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Sargent(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be covered only in case of Twin or Triplet

## FATHER.

(7) FULL NAME Isaac Sargent(8) PRESENT POSTOFFICE OF FATHER Isle of(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 26(12) BIRTHPLACE Waccamaw S.C.(13) OCCUPATION FarmerNumber of children born to mother, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was McGee on the date above stated.(23) (Signature) McGee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Isle of

Given name added from a supplemental report

(26) Witness

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

(27) Filed u 19 23 as 127 King

Local Registrar

If there was no attending physician or midwife, then the father, householders, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3903

Registration District No. 24Registered No. 5  
(For use of Local Registrar)(No. 101)

(Ward)

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

(7) DATE OF BIRTH

(Month) (Day) (Year) June 23 1923

## MOTHER.

(14) NAME BEFORE MARRIAGE Isaac McGee(15) PRESENT POSTOFFICE OF MOTHER Isle of(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 21(18) BIRTHPLACE Isle of(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 2