

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town ofor
City of Sumter

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32423

Registration District No. 41A Registered No. 193

(For use of Local Registrar)

(2) Full Name of Child

(No. St.; Ward)

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

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept. 12, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robt. Baker

(9) PRESENT POSTOFFICE OF FATHER

Sumter S.C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 4-0
(Years)

(12) BIRTHPLACE

Forney

(13) OCCUPATION

Cotton Buyer

(14) Number of children born to mother, including present birth

1-8

MOTHER.

(14) NAME BEFORE MARRIAGE

Biggs

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S.C.

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 37
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

1-8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (If stillborn, state so) Hour A.M. or P.M.(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct. 14, 1922 (28) D. O. Blount 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.

MARGIN RESERVED FOR BUNDLING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE HEADING FOR EACH CHILD, and mark the FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.

LEGISLATIVE COUNCIL, COLUMBIA, S. C.