

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of Midway

(or)

Inc. Town of .....

(or)

City of .....

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

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

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of Twin or Triplet

(6) Are Parents Married?

(7) DATE OF BIRTH June 2, 1933  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William James(9) PRESENT POSTOFFICE OF FATHER Wadsworth(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 2  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Wadsworth

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 10, 1933(28) 11

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.