

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of Camden

or

In 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  
**12166**

Registration District No. .... Registered No. ....  
 (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 Earl Perry If child is not yet named, make supplemental report as directed

3 SEX OR  
 GUILD

Boy

4 Twin  
 or Triplets

Twins

5 Number in  
 order of birth 10

(6)

Present  
 Marital

(7)

DATE OF

BIRTH

March 8, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

8 FULL  
 NAME

Doug Perry

9 PRESENT  
 POSTOFFICE  
 OF FATHER

Sumter S.C.R.I

10 COLOR  
 OR  
 RACE

negro

(11) AGE AT LAST  
 BIRTHDAY

45  
 (Years)

12 BIRTHPLACE

SB

13 OCCUPATION

farmer

20 Number of children born to  
 mother, including present birth

10

## MOTHER.

(14) NAME BEFORE  
 MARRIAGE

Mattie McFadden

(15) PRESENT  
 POSTOFFICE  
 OF MOTHER

Sumter S.C.R.I

(16) COLOR  
 OR  
 RACE

negro

(17) AGE AT LAST  
 BIRTHDAY

44  
 (Years)

(18) BIRTHPLACE

SB

(19) OCCUPATION

house wife

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

10

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P.M.  
 on the date above stated. (Born alive or stillborn; (Hour A. M. or P. M.))

(23) (Signature)

Dr. C. W. Burman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Sumter S.C.

Give name added from a supplement-  
 al report

(26) Witness

J. D. Kinney  
 (Signature of Witness necessary only  
 when question 23 is signed by mark)

(27) Filed

April 2, 1923 (Spring R. Kinney)  
 Local Registrar.

\*When 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 stillbirths  
 before the fifth month of pregnancy