

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
In case of TWINS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH
County of Sumter
Township of Ward 1st
or
Inc. Town of.....
City of.....
(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
2578

Registration District No. 4103 Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child Edward Banks
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 9 1927
(Date of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Ben Banks (14) NAME BEFORE MARRIAGE Emmie Banks
(9) PRESENT POSTOFFICE OF FATHER Waldfield (15) PRESENT POSTOFFICE OF MOTHER Waldfield
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25 (Year) (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24 (Year)
(12) BIRTHPLACE SC (18) BIRTHPLACE SC
(13) OCCUPATION Farmer (19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:15 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Phelps (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Waldfield

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 11 1927 (28) M. P. Gail 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.

Month of pregnancy. Month of stillbirths