

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of McCollum

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4133

File No. — For State Registrar Only

19314

Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child Robert Lee

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married yes(7) DATE OF BIRTH Oct 3 23  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME William C.(9) PRESENT POSTOFFICE OF FATHER R 3 Sumter(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 35  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Pearl(15) PRESENT POSTOFFICE OF MOTHER R 3 Sumter(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 37  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Robert Lee 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert Lee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Registrar

(28) 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.