

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Rocky creek
 OR
 Inc. Town of

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

File No.—For State Registrar Only

36579

 Registration District No. H. 26 Registered No. 90
 (For use of Local Registrar)

 City of (No. Urban 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 Lina Cabruno 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 13 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William Cabruno
 (9) PRESENT POSTOFFICE OF FATHER Rombeat P.O.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE Sumter co
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 18
MOTHER.
 (14) NAME BEFORE MARRIAGE Hattie Hails
 (15) PRESENT POSTOFFICE OF MOTHER Rombeat P.O.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38 (Years)
 (18) BIRTHPLACE Sumter co
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Maud Soper
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Rombeat P.O.

Given name added from a supplemental report

(26) Witness H. H. Hails (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct. 19 1922 (28) H. H. Hails 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 BINDING.
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.