

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of Sumter

Inc. Town of Sumter

City of Sumter

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 19-a

File No. - For State Registrar Only

3724

Registered No. 6

(For use of Local Registrar)

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

(2) Full Name of Child Lucy Hart

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

3. BOY OR GIRL <u>Girl</u>	4. Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Feb 24 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>Wm. Hart</u>			14. NAME BEFORE MARRIAGE <u>Mrs. J. Hart</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Sumter</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Sumter</u>	
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>34</u> (Years)	16. COLOR OR RACE <u>White</u>		
12. BIRTHPLACE <u>Sumter</u>	17. AGE AT LAST BIRTHDAY <u>21</u> (Years)			
13. OCCUPATION <u>Driver</u>	18. BIRTHPLACE <u>Sumter</u>			
20. Number of children born to mother, including present birth <u>3</u>			19. OCCUPATION <u>Driver</u>	
			21. Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) Emile K. Hart (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter

Given name added from a supplemental report

(26) Witness Mrs. Margaret Hart (Signature of Witness necessary only when question 22 is signed by marks)

(27) Filed Jan 7 1923 (28) J. M. Hart 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.

THIS IS A PERMANENT RECORD. WHEN A SEPARATE BLANK FORM IS USED, AND MARKED THE FIRST-BORN, NO. 1 THE OTHER, NO. 2, ETC., IN QUESTION 3