

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
 Township of Richland
 or
 Inc. Town of Richland
 or
 City of Richland

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
37285

Registration District No. 5-89Registered No. 5-7
(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

James Lumbard

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

(3) BOY OR GIRL male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 17 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Warren Lumbard(9) PRESENT POSTOFFICE OF FATHER Barnwell(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Barnwell Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Bates(15) PRESENT POSTOFFICE OF MOTHER Barnwell(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Barnwell Co.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Quarles M. McKee

(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) Filed Dec 22 1922 (28) Mr Parker 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.