

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town ofCity of Sumter

(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 HealthNo. 30201 For State Register OnlyRegistration District No. 41-A Registered No. 153
(For use of Local Registrar)(No. 1 Father's James Ward)(2) Full Name of Child Thomas Davis (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>None</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>Jan - 10 - 1923</u> (Name & Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Davis(9) PRESENT POSTOFFICE OF FATHER Sumter(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Sumter S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 16

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Foster(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Sumter S.C.(19) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Dr. J. H. Foster(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

(26) Witness Dr. J. H. Foster
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 5 1923 (28) D. O. Blanning
Registrar Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

WRITE PLAINLY, WITH UNFADING INK. 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 3.

Bureau of Statistics, Columbia, S. C.