

Form No. 1

## (1) PLACE OF BIRTH

County of Abbeville  
 Township of Sumter  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 3301

File No.—For State Registrar Only

21853

Registered No. 94  
(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 Lilla Pina

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

(3) SEX OF CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH July 20 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME L. C. Pina  
 (9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE Lida Pina  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Washing  
 (20) Number of children born to mother, including present birth 12  
 (21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was colored at 10:15 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Domie Spear  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report

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

(27) Date July 28 1923 (28) Local Registrar Mr. J. W. 10

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.