

Form No. 1

## (1) PLACE OF BIRTH

County of Darlington

Township of .....

or

Inc. Town of Blackville

or

City of .....

(No. .... St.; .... Ward)  
(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 Health

File No.—For State Registrar Only

40954

Registration District No. F.A. Registered No. 34

(For use of Local Registrar)

(2) Full Name of Child Esmond W. Shuman { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL?

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married?

7) DATE OF

BIRTH Dec 24, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

11) AGE AT LAST BIRTHDAY.....  
(Years)

12) BIRTHPLACE

13) OCCUPATION

20) Number of children born to mother, including present birth

## MOTHER.

14) NAME BEFORE MARRIAGE Nellie Shuman15) PRESENT POSTOFFICE OF MOTHER Blackville16) COLOR OR RACE Negro17) AGE AT LAST BIRTHDAY.....18  
(Years)18) BIRTHPLACE S. C.19) OCCUPATION Mill hand

21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Mary Monticelli(24) State whether Physician or Midwife 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 Jan. 1. 1923(28) L. R. H. D. Shuman  
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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.