

MARGIN RESERVED FOR BINDING.

WHITE PLAINS, 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

DECATUR, COLUMBIA, COLUMBIA S C

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of 11

or  
Inc. Town of .....

or  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20350

Registration District No. .... Registered No. 1103

(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 Marie x Leare

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 June 24 22

FATHER.

8 FULL NAME Eddie Leare

9 PRESENT POSTOFFICE OF FATHER Sumter

10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 Years

12 BIRTHPLACE Sumter

13 OCCUPATION Farmer

20 Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Leare

(15) PRESENT POSTOFFICE OF MOTHER Sumter

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 Years

(18) BIRTHPLACE Sumter

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Water

(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 19 (28) 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.