

Form No 1.

(1) PLACE OF BIRTH

County of Sumter
Township of Concordor
Inc. Town of
or

City of

(No. 20 St. 20 Ward 20)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child William Rowland If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 4 1916
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>W. J. Rowland</u>	(14) NAME BEFORE MARRIAGE <u>Mary Ivory</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Sumter</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Sumter</u>
(9) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(18) COLOR OR RACE <u>white</u>	(19) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(10) BIRTHPLACE <u>Sumter</u>	(20) BIRTHPLACE <u>Sumter</u>	(11) OCCUPATION <u>Saw mill work</u>	(21) OCCUPATION <u>one</u>
(12) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH <u>one</u>	(22) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH <u>one</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(23) I hereby certify that I attended the birth of this child, who was alive at 7 o'clock P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(24) (Signature) Jessie Richardson
(25) State whether Physician or Midwife midwife (26) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report 191
Registrar

(27) Witness Sept. 4 (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.