

Form No 1.

(1) PLACE OF BIRTH

County of SumterTownship of Sumteror
Inc. Town ofor
City of

(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

47561

Registration District No. 4105Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 3, 1914
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Hampton James(14) NAME BEFORE MARRIAGE Letha James(9) PRESENT POSTOFFICE OF FATHER Sumter, R.F.D.(15) PRESENT POSTOFFICE OF MOTHER Sumter, R.F.D.(10) COLOR OR RACE Negro. (11) AGE AT LAST BIRTHDAY 41 (Years)(16) COLOR OR RACE Negro. (17) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Fanner.(19) OCCUPATION Housewife.(20) Number of children born to mother, including present birth { 9 }(21) Number of children of this mother now living, including present birth { 7 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. L. White, Jr., Registrar

(24) State whether Physician or 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 22 is signed by mark)

(27) Filed Jan. 12, 1914 (28) Chas. B. ... 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