

Form No. 1

(1) PLACE OF BIRTH

Sumter

County of

Township of Privateer

or
Inc. Town ofor
(City of(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 William H. Nathaniel

File No. - For State Registrar Only

37810

Registration District No. 4104 Registered No. 121
(For use of Local Registrar)3 SEX OF
CHILD
Boy4) Twin
or Triplet
To be answered only in event of Twin or Triplet5) Number in
order of birth6) Are
Parents
Married yes7) DATE OF
BIRTH Nov. 20-1923
(Name of Month) (Day) (Year)

FATHER.

8 FULL
NAME Mathew Donnie wathaniel9 PRESENT
POSTOFFICE
OF FATHER

Sumter, S.C. No. 2.

10 COLOR
OR
RACE Col(11) AGE AT LAST
BIRTHDAY 21
(Years)

12 BIRTHPLACE

Sumter County, S.C.

13 OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE
MARRIAGE Marie Blair(15) PRESENT
POSTOFFICE
OF MOTHER

Sumter, S.C. No. 2.

(16) COLOR
OR
RACE Col(17) AGE AT LAST
BIRTHDAY 18
(Years)

(18) BIRTHPLACE

Sumter County S.C.

(19) OCCUPATION

House and Field Work.

20 Number of children born to
mother, including present birth

{ One

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

{ One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was. Alive at 11:15 AM
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23)

(Signature)

Katherine Ford

(24)

State

Katherine Ford

(25) Address of Physician or Midwife

Tindal, S.C.

Give name added from a supplement-
tal report

(26) Witness

Mathew Donnie wathaniel

(Signature of Witness necessary only
when question 23 is signed "X" mark)

12-1-1923.

(27) Filed

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(28) Local Registrar

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.