

Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. — For State Registrar Only
79411

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 41Registered No. 181
(For use of Local Registrar)(No. 36 Council St. 2 Ward)(2) Full Name of Child Infant James H. H. H.

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

(3) SEX OR
GIRL? Girl(4) Twin Yes
or Triplet?(5) Number in
order of birth 1(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Feb 15 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME John H. H.(9) PRESENT
POSTOFFICE
OF FATHER Sumter S.C.(10) COLOR
OR
RACE Colored(11) AGE AT LAST
BIRTHDAY 23
(Years)(12) BIRTHPLACE Sumter S.C.(13) OCCUPATION Driver(14) Number of children born to
mother, including present birth 4

MOTHER.

(14) NAME BEFORE
MARRIAGE James Williams(15) PRESENT
POSTOFFICE
OF MOTHER Sumter S.C.(16) COLOR
OR
RACE Colored(17) AGE AT LAST
BIRTHDAY 27
(Years)(18) BIRTHPLACE Sumter S.C.(19) OCCUPATION Housewife(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 at Sumter M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. W. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Sumter S.C.Given name added from a supplement-
tal report

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Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Apr 17 1916(28) W. J. McKelvey
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.