

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Lowland
 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

5326

Registration District No. 2 Registered No. 20
 (For use of Local Registrar)

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 Eliza Mells

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Present Married <u>yes</u>	(7) DATE OF BIRTH <u>2 - 26 - 25</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Leahy Mells</u>			(14) NAME BEFORE MARRIAGE <u>John Green</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Sumter</u>			(18) BIRTHPLACE <u>Lowland</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 2 - 26 - 25 at 3 PM M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Mells(24) Sumter S.C.

(25) Address of Physician or Midwife

(Given name added from a supplement-
 al report)

(26) Witness J. P. ...

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

(27) Filed 19

(28)

When there was no attending physician or midwife, then the father, householder, etc., should make this report
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns
 before the fifth month of pregnancy.

MADE IN THE UNITED STATES OF AMERICA
 PRINTED AT THE BUREAU OF VITAL STATISTICS, WASHINGTON, D. C.
 1915