

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Boylston
 or
 Inc. Town of Boylston
 or
 City of Boylston

(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 Only

32437

Registration District No. 1/1.4.0 Registered No. 8.2
 (For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Debra Deary

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 1 1922
 (Name (Month) (Day) (Year))

FATHER

(8) FULL NAME James Deary
 (9) PRESENT POSTOFFICE OF FATHER Rembert
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Sumter
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 12

MOTHER

(14) NAME BEFORE MARRIAGE Emma Mozard
 (15) PRESENT POSTOFFICE OF MOTHER Rembert
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Sumter ad
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12.00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sara Holiday(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Rembert

Given name added from a supplemental report

(26) Witness M. C. Hollister

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

(27) Filed Sept 11 1922(28) M. C. Hollister(29) Local Registrar(30) 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.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.