

Form No. 1

## (1) PLACE OF BIRTH

County of Fairfield

Township of .....

or  
Inc. Town of Sumner

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3733

Registration District No. .... Registered No. ....

(For use of Local Registrar)

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

(2) Full Name of Child Eddie J. Archie

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

3. BOY OR GIRL? <u>Boy</u>	4. Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Feb 20 23</u> (Name of Month) (Day) (Year)
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## FATHER.

8. FULL NAME Richard Archie9. PRESENT POSTOFFICE OF FATHER Sumner S.C.10. COLOR OR RACE colored 11. AGE AT LAST BIRTHDAY 22  
(Years)12. BIRTHPLACE Fairfield County13. OCCUPATION Bookkeeping clerk20. Number of children born to mother, including present birth 12

## MOTHER.

14. NAME BEFORE MARRIAGE Hellen Stevenson15. PRESENT POSTOFFICE OF MOTHER Sumner S.C.16. COLOR OR RACE colored 17. AGE AT LAST BIRTHDAY 18  
(Years)18. BIRTHPLACE Fairfield County19. OCCUPATION cook21. 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 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. F. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumner S.C.

Given name added from a supplemental report

(26) Witness Wm. F. ...  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Feb 27 1923 (28) J. H. ... 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.