

FORM NO. 1.

(1) PLACE OF BIRTH Marble Place
 County of Sumter
 Township of Sumter

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
50609

Inc. Town of Registration District No. 4108 Registered No. 16
 or (For use of Local Registrar)
 or
 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 Coley L. Blease Capell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? one (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 20 1930
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Henry Capell
 (9) PRESENT POSTOFFICE OF FATHER Sumter
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)
 (12) BIRTHPLACE Place H.F. 1, S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Six 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Mattie Annay
 (15) PRESENT POSTOFFICE OF MOTHER Sumter
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Place H.F. 1 S.C.
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 6 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Seal Mark, Jr.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Laurel, S.C.

Given name added from a supplemental report
191

(26) Witness

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

(27) Filed Mar 19 1930

(28)

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 RESERVE FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.

McCaw, of Columbia