

MARGIN RESERVED FOR FILING.  
 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.

Form No. 1

(1) PLACE OF BIRTH

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

(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  
23516

Registration District No. 1617 Registered No. 710  
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? il (4) Twin or Triplet? 7 (5) Number in order of birth 7 (6) Are Parents Married? 7 (7) DATE OF BIRTH June 4, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Brown  
 (9) PRESENT POSTOFFICE OF FATHER Sumter SC  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44 (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Brown  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter SC  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 47 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Harrison  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter

Given name added from a supplemental report:  
 .....  
 ..... 19 .....

Registrar

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

(27) Filed June 10, 1922 (28) W. J. Harrison 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.

RECEIVED OF COLUMBIA, S. C.