

(1) PLACE OF BIRTH

County of Sumter
 Township of Concord
 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

9373

Registration District No. 4100Registered No. 11
(For use of Local Registrar)

(No.) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (84.) (Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 14, 22
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME C. R. Fiskale
 (9) PRESENT POSTOFFICE OF FATHER R. I. Sumter
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
 (Year) (12) BIRTHPLACE SS
 (13) OCCUPATION Sawmill work

MOTHER.

(14) NAME BEFORE MARRIAGE May Winters
 (15) PRESENT POSTOFFICE OF MOTHER R. I. Sumter
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (Year) (18) BIRTHPLACE SS
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (How alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Jan 15 22

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.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

IN ALL CASES OF TWINNING OR TRIPLETS, USE A SEPARATE CARD FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OFFICIAL, NO. 2, ETC., IN QUESTION 5.

RECEIVED COLUMBIA, COLUMBIA, S. C.