

(1) PLACE OF BIRTH

County of Sumter

Township of

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

4109

Registration District No. 2, 0, A Registered No. 7, 0
(For use of Local Registrar)(No. 7, 0 St. 0 Ward 0)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Myer Albert Plowden If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 27, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Myer A. Plowden(9) PRESENT POSTOFFICE OF FATHER Florence, S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Hanning, S.C.(13) OCCUPATION Cook

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Harrison(15) PRESENT POSTOFFICE OF MOTHER Florence, S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Florence, S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Myer A. Plowden(24) State Physician Physician or Midwife(25) Address of Physician or Midwife Florence, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 28, 1922

(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.

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