

## (1) PLACE OF BIRTH

County of SumterTownship of Prichardor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12177

Registration District No. 4104 Registered No. 43  
(For use of Local Registrar)(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 Jerry Mathers If child is not yet named, make supplemental report as directed(3) Sex Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age at Birth 23 (7) DATE OF BIRTH Apr 20 23  
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Marion Mathers (9) PRESENT POSTOFFICE OF FATHER Ludal SC (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (12) BIRTHPLACE Sumter Co (13) OCCUPATION Farmer (14) NAME BEFORE MARRIAGE John Brown (15) PRESENT POSTOFFICE OF MOTHER Ludal (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 26 (18) BIRTHPLACE Sumter Co (19) OCCUPATION Housewife (20) Number of children born to mother, including present birth Six (21) Number of children of this mother now living, including present birth Six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James G. Brown (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ludal SC

Give name added from a supplemental report

(26) Witness James G. Brown Signature of Witness necessary only when question 23 is signed in mark(27) Date Apr 30 23 (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.

John Brown