

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.  
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

| (1) PLACE OF BIRTH   |                     | CERTIFICATE OF BIRTH  |  | No. 1. - For this register only      |  |
|--|---------------------|---|--|--------------------------------------|--|
| County of <u>Sumter</u>  |                     | STATE OF SOUTH CAROLINA   |  | 30316                                |  |
| Township of <u>Corn Land</u>   |                     | Bureau of Vital Statistics                                      |  |                                      |  |
| or Inc. Town of .....  |                     | State Board of Health   |  |                                      |  |
| City of .....  |                     | Registration District No. ....                                  |  | Registered No. <u>69</u>             |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  |                     | (No. .... St. .... Ward)  |  | (For use of Local Registrar)         |  |
| (2) Full Name of Child <u>Fannie J. Bullock</u>  |                     | If child is not yet named, make supplemental report as directed |  |                                      |  |
| (3) BOY OR GIRL <u>girl</u>  | (4) Twin or Triplet | (5) Number in order of birth <u>1</u>                           | (6) Are Parents Married? <u>no</u>   | (7) DATE OF BIRTH <u>Sept 7 1923</u> |  |
| To be answered only in event of Twin or Triplet  |                     |   |  | (Month) (Day) (Year)                 |  |
| FATHER.  |                     |   | MOTHER.  |                                      |  |
| (8) FULL NAME <u>Illegitimate</u>  |                     |   | (14) NAME BEFORE MARRIAGE <u>Cassie J. Bullock</u>                         |                                      |  |
| (9) PRESENT POSTOFFICE OF FATHER   |                     |   | (18) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C. Post 1</u>                |                                      |  |
| (10) COLOR OR RACE   |                     |   | (16) COLOR OR RACE <u>negro</u>  |                                      |  |
| (11) AGE AT LAST BIRTHDAY (Years)  |                     |   | (17) AGE AT LAST BIRTHDAY (Years) <u>17</u>                                |                                      |  |
| (12) BIRTHPLACE  |                     |   | (15) BIRTHPLACE <u>S.C.</u>  |                                      |  |
| (13) OCCUPATION  |                     |   | (19) OCCUPATION <u>at home</u>   |                                      |  |
| (20) Number of children born to mother, including present birth  |                     |   | (21) Number of children of this mother now living, including present birth |                                      |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*   |                     |   |  |                                      |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>4 A. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) |                     |   |  |                                      |  |
| (23) (Signature) <u>Martha Levine</u>  |                     |   |  |                                      |  |
| (24) State whether Physician or Midwife  |                     |   |  |                                      |  |
| (25) Address of Physician or Midwife <u>Sumter S.C.</u>  |                     |   |  |                                      |  |
| Given name added from a supplemental report  |                     |   | (26) Witness <u>J. J. Kinney</u>   |                                      |  |
|  |                     |   | (Signature of Witness necessary only when question 23 is signed by mark)   |                                      |  |
| 19 Registrar   |                     |   | (27) Filed <u>Sept 7 1923</u> (28) <u>J. J. Kinney</u>                     |                                      |  |

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.