

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Private
 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

30352

Registration District No. 4104

Registered No. 97
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harriet Louise Geddins

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 30-23
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Early Geddins(9) PRESENT POSTOFFICE OF FATHER Tindal, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
(Year)

(12) BIRTHPLACE

(13) OCCUPATION Clarendon Co. S.C.Farming

(20) Number of children born to mother, including present birth

Four

MOTHER.

(14) NAME BEFORE MARRIAGE Pesa Geddins(15) PRESENT POSTOFFICE OF MOTHER Tindal, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(Year)

(18) BIRTHPLACE

(19) OCCUPATION Sumter Co. S.C.Housewife

(21) Number of children of this mother now living, including present birth

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Harriet Louise Geddins(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Manning, S.C.

Given name added from a supplemental report

(26) Witness Early Geddins
(Signature of witness necessary only when question 23 is signed by mark)(27) Filed 10-3-23 (28) Chas. L. Geddins
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.