

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

Inc. Town of .....

City of Sumter

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

20283

Registration District No. 41A Registered No. 94  
(For use of Local Registrar)2. Full Name of Child. Robert Warren Wells If child is not yet named, make supplemental report as directed3. SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1045 (6) AGE 10 (7) DATE OF BIRTH June 22, 1922  
To be answered only in event of Twins or Triplets

FATHER. MOTHER.

4. FULL NAME Alvina A. Wells (14) NAME BEFORE MARRIAGE Annet. Johnson5. PRESENT RESIDENCE Sumter S.C. (15) PRESENT RESIDENCE OF MOTHER Sumter S.C.6. COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 28 (17) AGE AT LAST BIRTHDAY 257. BIRTHPLACE S.C. (18) BIRTHPLACE S.C.8. OCCUPATION Engineer (19) OCCUPATION Housewife9. Number of children born to mother, including present birth 5 (20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21. I hereby certify that I attended the birth of this child, who was Alvina at 1 P. M., on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. R. Littlejohn(23) State where Physician or Midwife (24) Address of Physician or Midwife Physician Sumter S.C.

Given name added from a supplemental report

121.

Registrar

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

Filed July 10, 1922 (26) Local Registrar

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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