

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Sumter
 Township of Sumter
 or
 Inc. Town of Sumter
 or
 City of Sumter

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

File No.—For State Registrar Only
8548

Registration District No. 4001-0 Registered No. 19
 (For use of Local Registrar)
 (No. 84 Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL girl (4) Twin or Triplet — (5) Number in order of birth —
 To be answered only in case of Twin or Triplet

(6) Are Parents Married? yes (7) DATE OF BIRTH Feb 28, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. S. Warrington Mc-rain
 (9) PRESENT POSTOFFICE OF FATHER Sumter
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
 (12) BIRTHPLACE Pa. S. C.
 (13) OCCUPATION Min. S. C.
 (14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Atie Marie Warrington
 (16) PRESENT POSTOFFICE OF MOTHER Sumter
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 19
 (19) BIRTHPLACE Pa. S. C.
 (20) OCCUPATION Min. S. C.
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M., on the date above stated. (Born alive or stillborn Hour of P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter

Given name added from a supplemental report

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

(27) Filed 2-28-23 (28) [Signature] 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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