

(1) PLACE OF BIRTH
Sumter
County of

Township of ...Fulton.....
or
Inc. Town of....Pine Wood, S.C.
or
City of

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

(2) Full Name of Child

Allen Capers

File No.—For State Registrar Only
30402

Registration District No. 4111... Registered No. 29...
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Age Parents Married Years (6) DATE OF BIRTH Sept. 11 1923 (Name of Month) (Day) (Year)

FATHER.
(7) FULL NAME Allen Capers

(8) PRESENT POSTOFFICE OF FATHER Pine Wood, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Fannie Brown

(15) PRESENT POSTOFFICE OF MOTHER Pine wood, SC.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive.....at 4.....AM.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Ludd (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report) Mid wife Pine wood, S.C.

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

(27) Filed Sept. 15. 1923. (28) C. S. Register 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.