

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

or

Inc. Town of .....

or

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

28063

Registration District No. 41ARegistered No. 143

(For use of Local Registrar)

## (2) Full Name of Child

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

3. BOY OR GIRL <u>Girl</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>June 16, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

8. FULL NAME J. H. Brockington9. PRESENT POSTOFFICE OF FATHER Sumter, S.C.10. COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 23 (Years)12. BIRTHPLACE S.C.13. OCCUPATION Mechanic20. Number of children born to mother, including present birth 1

## MOTHER.

14. NAME BEFORE MARRIAGE Eula White15. PRESENT POSTOFFICE OF MOTHER Sumter, S.C.16. COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 32 (Years)18. BIRTHPLACE S.C.19. OCCUPATION Housewife21. 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 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. B. Johnson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Sumter, S.C.

Given name added from a supplemental report

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

(27) Filed Aug. 10, 1922 (28) 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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