

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

3120

County of

Township of

In Town of Registration District No. 9: A. Registered By
 City of Charleston (No. Alexander) (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 If child is not yet named, write supplemental report as directed

3) SEX OF CHILD Girl / Girl 4) Type or Report? 5) Number in order of birth 6) Age of child at birth 7) DATE OF BIRTH 12 23

FATHER: 1) Frank William Mumm 2) PRESENT RESIDENCE OF FATHER McEllanville SC 3) COLOR OR RACE White 4) AGE AT LAST BIRTHDAY 33 5) BIRTHPLACE McEllanville, S.C. 6) OCCUPATION Lumberman 7) Number of children born to mother, including present birth 11th

MOTHER: 1) NAME OF MOTHER Amanda Mary Gardner 2) PRESENT RESIDENCE OF MOTHER McEllanville SC 3) COLOR OR RACE White 4) AGE AT LAST BIRTHDAY 33 5) BIRTHPLACE McEllanville, S.C. 6) OCCUPATION Wife 7) Number of children of this mother now living, including present birth 11th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Mark A, B, or C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)

(2) (Signature) of Physician or Midwife (3) State whether Physician or Midwife (4) Address of Physician or Midwife

Given name and date of birth of child (5) Signature of witness (6) Date of birth (7) Date of registration

NOTE: This certificate is valid only if the father, mother, or child is registered in the State of South Carolina. It is subject to the provisions of the Act of March 1, 1901, and of the Act of March 1, 1902.