

(1) PLACE OF BIRTH

County of SumterTownship of Congareeor
Inc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31165

Registration District No. 3165Registered No. 102
(For use of Local Registrar)(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Hugh Jr. Sumner If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 28, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr H. E. Sumner(9) PRESENT POSTOFFICE OF FATHER New 83 road land sc(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Peabo L C(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs Mary Macklem(15) PRESENT POSTOFFICE OF MOTHER New Broadland SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Exenhram S C(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. Durbin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signatures of Witness necessary only when question 23 is signed by mark)(27) Filed 10/4/22 (28) J. E. Lybrand
Registrar 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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MARGIN RESERVED FOR BENDING.
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 BEGIN THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
Madison, Columbia, S. C.