

1) PLACE OF BIRTH

County of *Sumter*

Township of *Sumter*

or Town of

or City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only

16042

Registration District No. *4102*

Registered No. *43*

(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 *Elizabeth Stokes*

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

BOY OR GIRL *Girl* (4) Twin or Triplet (5) Number in order of birth (6) Age *Yes* (7) DATE OF BIRTH *May 22, 23*
(Name of Month) (Day) (Year)

FATHER. FULL NAME *Ferdinand Stokes*

PRESENT POSTOFFICE OF FATHER *Lindal SC*

COLOR OR RACE *Brown* (11) AGE AT LAST BIRTHDAY *30* (Year)

BIRTHPLACE *Sumter County*

OCCUPATION *Farmer*

Number of children born to mother, including present birth *Five*

MOTHER. (10) NAME BEFORE MARRIAGE *Rebecca Ford*

(15) PRESENT POSTOFFICE OF MOTHER *Lindal SC*

(16) COLOR OR RACE *Brown* (17) AGE AT LAST BIRTHDAY *22* (Year)

(18) BIRTHPLACE *Sumter County*

(19) OCCUPATION *House Wife*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was *alive* at *6 P.* M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Thomas H. Stokes*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Lindal SC*

Given name added from a supplemental report

(26) Witness *Thomas H. Stokes*
(Signature of Witness necessary only when question 23 is signed "mark")

(27) Filed *5/23/23* (28) Local Registrar *James H. Stokes*

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 desired of stillbirths before the fifth month of pregnancy.