

FIRST-BORN, No. 1 THE OTHER, No. 2, etc. In question 2

(1) PLACE OF BIRTH

County of Beaufort
 Township of bealdon
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

9400

Registration District No. 602A.. Registered No. 8..
 (For use of Local Registrar)

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

(2) Full Name of Child Mildred Sumpter

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

(1) BOY OR GIRL girl (2) Twin or Triplet No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH Feb 14 1923
 To be covered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Joseph Sumpter
 (7) PRESENT POSTOFFICE OF FATHER Dale, S.C.
 (8) COLOR OR RACE Negro (9) AGE AT LAST BIRTHDAY 30 (Year)
 (10) BIRTHPLACE Beaufort Co., S.C.
 (11) OCCUPATION Farmer
 (12) Number of children born to mother, including present birth 1 2

MOTHER.

(13) NAME BEFORE MARRIAGE Fern O. Jackson
 (14) PRESENT POSTOFFICE OF MOTHER Dale, S.C.
 (15) COLOR OR RACE Negro (16) AGE AT LAST BIRTHDAY 23 (Year)
 (17) BIRTHPLACE Beaufort Co., S.C.
 (18) OCCUPATION Housewife
 (19) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was born alive..... at 5:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Maureen E. Green
 (22) State whether Physician or Midwife (23) Address of Physic. or Midwife

Given name added from a supplemental report
12-1-44
1923
 Registrar

(24) Witness W. H. Martin
 (Signature of Witness necessary only when question 20 is signed by mark)

(25) Filed Feb 22 1923 (26) Mein

*When there was no attending physician or midwife, then the father, householder, etc., should make a report if a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.