

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Pringle

Inc. Town of

City of

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

(2) Full Name of Child Rosa Lee Pack3) BOY OR GIRL Girl

4) Twin or triplet?

5) Number in order of birth

6) Are Parents Married? Yes7) DATE OF BIRTH Sept. 24-1922
(Name of Month) (Day) (Year)

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

FATHER.

8) FULL NAME Paul Pack

9) PRESENT POSTOFFICE OF FATHER

Sumter, S.C. No. 2.10) COLOR OR RACE Colored11) AGE AT LAST BIRTHDAY 23
(Years)

12) BIRTHPLACE

Sumter County, S.C.

13) OCCUPATION

Farming

20) Number of children born to mother, including present birth

One

MOTHER.

14) NAME BEFORE MARRIAGE

Mario Cekely

15) PRESENT POSTOFFICE OF MOTHER

Sumter, S.C. No. 216) COLOR OR RACE Colored17) AGE AT LAST BIRTHDAY 18
(Years)

18) BIRTHPLACE

Sumter County, S.C.

19) OCCUPATION

House and Field Work.

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.at 5 PM M.,
(Hour A. M. or P. M.)(23) (Signature) L. H. Pack(24) State whether Physician or Midwife MidwifeSumter, S.C. 2.

Given name added from a supplemental report

(26) Witness

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

9-28-1922.

(27) Filed

(28) L. H. Pack
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.

MARGIN RESERVED FOR BINDING.
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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MCGRAW-HILL, COLUMBIA & C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32459Registration District No. 4104Registered No. 167
(For use of Local Registrar)

(No. St.; Ward)