

PLACE OF BIRTH

City of Sumter
County of Franklin

Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State House of Representatives

34056

Registration District No. 4111 Registered No. 44
(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.)

Full Name of Child Mary Fisher

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

Sex girl (1) Sex or Gender To be entered only in case of Twins or Triplets (2) Name of Mother yes (3) DATE OF BIRTH Sept. 13, 23
(Name of Month) (Day) (Year)

FATHER.

(1) NAME OF FATHER Elison Fisher

(2) RESIDENCE OF FATHER Primwood S.C.

(3) COLOR negro (4) AGE AT LAST BIRTHDAY 25
(Year)

(5) BIRTHPLACE S.C.

(6) OCCUPATION Farm hand

(7) Number of children of this mother now living, including present birth 1

MOTHER.

(1) NAME OF MOTHER Annie Walker

(2) RESIDENCE OF MOTHER Primwood S.C.

(3) COLOR negro (4) AGE AT LAST BIRTHDAY 22
(Year)

(5) BIRTHPLACE S.C.

(6) OCCUPATION House wife

(7) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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.)

(10) (Signature) Nannie Johnson

(11) State whether Physician or Midwife Midwife

(12) Address of Physician or Midwife Primwood S.C.

If name added from a supplemental report

(13) Witness Annie Walker
(Signature of Witness necessary only when question 11 is signed by mark)

(14) Filed Nov. 19, 23 (15) E. S. Griffin
Local Registrar

If 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.