

(1) PLACE OF BIRTH

County SumnerTownship of Sumneror Inc. Town of SumnerCity of Sumner

(No. St. Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

28153

Registration District No. 42-A Registered No. 101

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD Girl (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 25 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Roscoe Thomas(9) PRESENT POSTOFFICE OF FATHER Sumner Ga(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE Waynes Co Ga(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Mellie Sullivan(15) PRESENT POSTOFFICE OF MOTHER Sumner Ga(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Waynes Co Ga(19) OCCUPATION Housewife(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 Sumner Ga on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mar.)

(27) Filed 9-10-22 (28) J. J. Sarrott 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.