

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Antietam Creek  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 37890  
 (For use of Local Registrar Only)

Registration District No. 41.1.6 Registered No. 86  
 (For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marva Harriet If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 9 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov. 1, 1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Janner Harriet  
 (9) PRESENT POSTOFFICE OF FATHER Wentworth, S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44 (Year)  
 (12) BIRTHPLACE See Co  
 (13) OCCUPATION farm laborer  
 (14) Number of children born to mother, including present birth 19

**MOTHER.**  
 (15) NAME BEFORE MARRIAGE Jane Chaney  
 (16) PRESENT POSTOFFICE OF MOTHER Rembert, S.C.  
 (17) COLOR OR RACE negro (18) AGE AT LAST BIRTHDAY 40 (Year)  
 (19) BIRTHPLACE Sumter Co  
 (20) OCCUPATION housewife  
 (21) Number of children of this mother now living, including present birth 18

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was .... at 8 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rembert, S.C.

Given name added from a supplemental report

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

(27) Filed Nov. 10, 1923 (28) [Signature] 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.