

(1) PLACE OF BIRTH

County of Sumter

Township of

or

Inc. Town of

or

City of Sumter

(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

28066

Registration District No. 41.0Registered No. 133

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

June 5 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Harry Cummings

(9) PRESENT POSTOFFICE OF FATHER

Sumter SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Bookkeeper

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Evington

(15) PRESENT POSTOFFICE OF MOTHER

Sumter SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10 1927(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.