

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Prater  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3771

Registration District No. 133Registered No. 7  
(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.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 4, 1923  
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER. MOTHER.  
 (8) FULL NAME Alan Rich (14) NAME BEFORE MARRIAGE Lucile Bradshaw  
 (9) PRESENT POSTOFFICE OF FATHER Phonville SC (15) PRESENT POSTOFFICE OF MOTHER Phonville SC  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18  
 (12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.  
 (13) OCCUPATION Store (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth One (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 born alive at 1:30 P. M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. E. Brown (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marysville SC

Given name added from a supplemental report

.....  
 19 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb. 6 19 23 (28) a. J. White 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.

MAILED JAN 25 1923

THIS CERTIFICATE MUST BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, AT THE OFFICE OF THE REGISTRAR, COLUMBIA, S. C. WITHIN TEN DAYS OF THE DATE OF BIRTH. IF IT IS NOT SO FILED, IT WILL BE REJECTED. THE OTHER NO. 2, etc., in question 1.

Bureau of Vital Statistics, Columbia, S. C.