

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of Privateeror  
Inc. Town ofor  
City of

(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

Registration District No. 4104 Registered No. 93

(For use of Local Registrar)

(2) Full Name of Child Mella Geddings

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 24-23</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Shirley Geddings(9) PRESENT POSTOFFICE OF FATHER Tindal, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Sumter Co., S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Eleven

## MOTHER.

(14) NAME BEFORE MARRIAGE Lea Bell Geddings(15) PRESENT POSTOFFICE OF MOTHER Tindal, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Clarendon Co., S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Eight

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Harry Hodge(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report

(26) Witness Shirley Geddings (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 10-3-23 (28) Geo. L. Sunday 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.