

23 048083

FILE NO. FOR STATE REGISTRATION Only
34004-a

1. PLACE OF BIRTH
County of SUMTER
Township of _____
or
Inc. Town of _____
or
City of DAZELL
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 4105

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD Claralue Pack St.; _____ Ward)
(No. _____) } If child is not yet named, make supplemental report as directed.

3. Sex or Girl } 4. Twin, triplet, or other _____ } 5. Premature _____ } 6. Full term } 7. Are Parents Married? yes } 8. Date of birth October 31, 1923
(Month, day, year)

9. Full name of FATHER CARSON PACK MOTHER CAROLINE LUDD
Full name of MOTHER CAROLINE LUDD
10. Residence (usual place of abode) SUMTER SOUTH CAROLINA (If non-resident, give place and State) SOUTH CAROLINA

11. Color or race Colored 12. Age at last birthday 32 (Years) 20. Color or race colored 21. Age at last birthday 28 (Years)

13. Birthplace (city or place) SUMTER SOUTH CAROLINA (State or country) 22. Birthplace (city or place) SUMTER SOUTH CAROLINA (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. farm-hand

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. cotton 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work September 1926 17. Total time (years) spent in this work 16 25. Date (month and year) last engaged in this work September 1926 26. Total time (years) spent in this work 10

27. Number of children of this mother (At time of birth and including this child) 4 (a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ } 29. Cause of stillbirth _____ } Before labor _____ } During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 A. m. on the date above stated. (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, should make this return.

(Signed) Caroline Pack mother, WIFE

me added from _____ (Date of) April 14/45

Address 1003 Myrtle Avenue, Brooklyn, New York
Filed Feb. 75, 1935 Mrs. Woodman Registrar.

J. A. [Signature] Registrar.