

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

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)

St.; Ward)

(No. (If child is not yet named, make supplemental report as directed.)

2. FULL NAME OF CHILD

Claralue Pack

X or Girl

If Plural births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term X

7. Are Parents

Married? yes

8. Date of birth October 31, 1923

(Month, day, year)

Full name

FATHER

CARSON PACK

18. Full maiden name

MOTHER CAROLINE LUDD

SUMTER

SOUTH CAROLINA

10. Residence (usual place of abode) (If non-resident, give place and State)

SUMTER SOUTH CAROLINA

19. Residence (usual place of abode) (If non-resident, give place and State)

colored

21. Age at last birthday 28 (Years)

11. Color or race Colored

12. Age at last birthday 32 (Years)

20. Color or race

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

13. Birthplace (city or place) (State or country)

SUMTER SOUTH CAROLINA

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

cotton

16. Date (month and year) last engaged in this work

September 1926

17. Total time (years) spent in this work 16

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

farm-hand

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

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

months weeks

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, or should make this return.

me added from supplemental report

C. J. R. 11/4/45 (Date of)

L. A. R. Registrar

Registrar

(Signed)

Caroline Pack mother, M.D.

Address 1003 Myrtle Avenue, Brooklyn, New York

Filed Feb. 75, 1935 Mrs. M. R. Registrar