

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of institution instead of street and number.)

(2) Full Name of Child Grace Louise Mack

(3) SEX Girl (4) Type of Birth Normal (5) Number in order of birth 2 (6) Age of Mother 40 (7) DATE OF BIRTH Sept 6, 1943

FATHER
(8) FULL NAME Charlie Mack
(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 36
(12) BIRTHPLACE Sumter Co
(13) OCCUPATION Auto Mechanic
(14) Number of children born to mother, including present birth 2

MOTHER
(14) FULL NAME Maye L. Sellers
(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33
(18) BIRTHPLACE Marion, S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child who was born alive at 11:30 p.m. on the date above stated.(22) (Signature) H. H. Miller, M.D. (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Oct 5, 1943 (27) D. O. Bunnery 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.

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