

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

Lexington

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

Township of

Black Creek

State Board of Health

Inr. Town of

Pelion

Registration District No. 3100

File No.—For State Registrar Only

31122

City of

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

(2) Full Name of Child Addie Agnes Shumpster

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

(5) Number in order of birth

2

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept. 20

1922

(Name & Month) (Day) (Year)

FATHER

(8) FULL NAME

Percy Shumpster

(9) PRESENT POSTOFFICE OF FATHER

Pelion

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

Lexington

(13) OCCUPATION

Clerk

(14) Number of children born to mother, including present birth

2

MOTHER

(14) NAME BEFORE MARRIAGE

Hattie Mae Reeder

(15) PRESENT POSTOFFICE OF MOTHER

Pelion

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Lexington

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Hour A. M. or P. M.)

(23) (Signature)

D. R. Kneese

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Pelion S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 11, 1922

(28)

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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