

Form No. 3

(1) PLACE OF BIRTH

County of Sumter
Township of Clinton
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 4111 Registered No. 65
(For use of Local Registrar)
(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Pack, Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 22 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eugene Pack, Sr.
(9) PRESENT POSTOFFICE OF FATHER Pinewood S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 37
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sadie Sanders
(15) PRESENT POSTOFFICE OF MOTHER Pinewood S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32
(18) BIRTHPLACE S.C.
(19) OCCUPATION House wife
(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 alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Ella Sumner
(23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Pinewood S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)
(26) Filed Mar 10 1923 C. S. Higgins 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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. SEE INSTRUCTIONS ON REVERSE OF THIS FORM. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD. SEE INSTRUCTIONS ON REVERSE OF THIS FORM. IN CASE OF FIRST-BORN, NO. 1 THE OTHER, NO. 2, ETC. IN QUESTION 1.