

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
16912

Registration District No. 4105 Registered No. 419
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child Ethel Fletcher [If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 15 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Laurence Fletcher

(9) PRESENT POSTOFFICE OF FATHER Dagzell S.C.

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 19
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Blanding

(15) PRESENT POSTOFFICE OF MOTHER Dagzell S.C.

(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 18
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Laurence Fletcher
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Dagzell 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 May 23 1922 (28) J.B. Raffield 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.