

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Shiloh  
 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  
**19346**

Registration District No. 4-107 Registered No. 59  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same. If at home, give name of street and number.)  
 (2) Full Name of Child Mary Magline Funderburk

(3) BOY OR GIRL Girl (4) Type — (5) Number in order of birth — (6) Are Parents Married Yes (7) DATE OF BIRTH June 8, 23

FATHER. MOTHER.

(8) NAME OF FATHER Solomon Funderburk (9) NAME OF MOTHER Olivia Polk

(10) PRESENT POSTOFFICE OF FATHER Shiloh, S.C. (11) PRESENT POSTOFFICE OF MOTHER Shiloh, S.C.

(12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 49 (14) COLOR OR RACE Negro (15) AGE AT LAST BIRTHDAY 24

(16) BIRTHPLACE Sumter Co (17) OCCUPATION Housework

(18) OCCUPATION Farming (19) Number of children of this mother now living, including present birth 2

(20) Number of children born to mother, 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 on the date above stated. (22) Signature Margaret Funderburk (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Shiloh, S.C.

(25) Witness (Signature of Witness necessary when question 23 is signed "mark") J. B. Funderburk

(26) Filed 6-16-23 (27) Local Registrar J. B. Funderburk

(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.)