

## (1) PLACE OF BIRTH

County of Barnburg  
 Township of 1st Dist.  
 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

3141

Registration District No. 402Registered No. 7  
(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 Margaret Sumners

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

(3) SEX OF  
CHILD Girl(4) Twin  
or Triplet?(5) Number in  
order of birth  
To be answered only in event of Twins or Triplets(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH Feb. 13, 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Samuel Sumners(9) PRESENT  
POSTOFFICE  
OF FATHER Branchville SE(10) COLOR  
OR  
RACE Negro (11) AGE AT LAST  
BIRTHDAY 30  
(Years)(12) BIRTHPLACE  
Barnburg Co.(13) OCCUPATION  
Farmer(20) Number of children born to  
mother, including present birth 3

## MOTHER

(14) NAME BEFORE  
MARRIAGE Coy(15) PRESENT  
POSTOFFICE  
OF MOTHER Branchville SE(16) COLOR  
OR  
RACE Negro (17) AGE AT LAST  
BIRTHDAY 26  
(Years)(18) BIRTHPLACE  
Barnburg Co.(19) OCCUPATION  
Domestic(21) Number of children of this mother  
now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ... alive ... at 12 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Darius White Midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
BranchvilleGiven name added from a supplement-  
al report

(26) Witness

(Signature of Witness necessary only  
when question 22 is signed by mark)(27) Filed 2/20

(28)

J. L. Sumners  
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.