

(1) PLACE OF BIRTH

County of Sumter
 Township of Hollow Creek

CERTIFICATE OF BIRTH

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

File No.—For State Register Only

41580

Inc. Town of Registration District No. 3/08 Registered No. 44
 or (For use of Local Registrar)
 City of (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

d

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

(1) SEX OR SEX?	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
girl	0	2	Y	Oct. 21 23 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME			(14) NAME BEFORE MARRIAGE	
John F. F. F.			Lillian F. F.	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER	
Sumter, S.C.			Sumter, S.C.	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	
White	24 (Years)	White	18 (Years)	
(12) BIRTHPLACE			(18) BIRTHPLACE	
Sumter, S.C.			Sumter, S.C.	
(13) OCCUPATION			(19) OCCUPATION	
Farmer			Farmer	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth	
2			2	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on Oct. 21 1923 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. A. F. F.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Sumter, S.C.

Given name added from a supplement-
 al report

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

(27) Filed Jan 15 1924 (28) J. H. F. F.
 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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