

## (1) PLACE OF BIRTH

County of *Sumter*Township of *Sumter*

or

Inc. Town of

or

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40920

Registration District No. *400*Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child *Willie*

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

(3) ~~Boy~~ OR  
GIRL?(4) ~~Boy~~  
or Triplet?

To be marked only in case of Twins or Triplets

(5) Number in  
order of birth *1*(6) Are  
Parents  
Married *Yes*(7) DATE OF BIRTH *12 30 2*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME*Charles F. Hoke*(9) PRESENT  
POSTOFFICE  
OF FATHER*Sumter SC*(10) COLOR  
OR  
RACE*Col*(11) AGE AT LAST  
BIRTHDAY *30*  
(Years)

(12) BIRTHPLACE

*alob.*

(13) OCCUPATION

*For Hoke*(20) Number of children born to  
mother, including present birth*4*

## MOTHER.

(14) NAME BEFORE  
MARRIAGE*James Miller Hoke*(15) PRESENT  
POSTOFFICE  
OF MOTHER*Sumter SC*(16) COLOR  
OR  
RACE*Col*(17) AGE AT LAST  
BIRTHDAY *33*  
(Years)

(18) BIRTHPLACE

*alob.*

(19) OCCUPATION

*Housewife*(21) Number of children of this mother  
now living, including present birth*4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or ~~stillborn~~) (Hour A. M. ~~or P. M.~~)(23) (Signature) *J. H. Hoke*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Sumter SC*Given name added from a supplement-  
tal report

..... 191....

Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed *1/8 23*(28) *John Cooper*

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.\*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.