

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
 DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH *shot house* **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

County of *Sumter, S. C.*  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. .... Registered No. *44* .....  
 (For use of Local Registrar)  
 (No. *shot house* St.; ..... Ward)

(2) Full Name of Child *Beatrice Brown Laymon* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *girl* (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? *yes* (7) DATE OF BIRTH *March 13, 1922*  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME *Freddie Laymon* (14) NAME BEFORE MARRIAGE *Victoria Brown*  
 (9) PRESENT POSTOFFICE OF FATHER *Sumter, S. C.* (15) PRESENT POSTOFFICE OF MOTHER *Sumter, S. C.*  
 (10) COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *20* (16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *19*  
 (12) BIRTHPLACE *shot house* (18) BIRTHPLACE *shot house*  
 (13) OCCUPATION ..... (19) OCCUPATION .....

(20) Number of children born to mother, including present birth ..... (21) Number of children of this mother now living, including present birth .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was *Born alive* ..... at *4:20 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *midwife Conelia Albert* (24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife .....

Given name added from a supplemental report

(26) Witnesses ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *77 no. 23 22* (28) *Paul B. Evers* 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.