

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Wance
 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
16305

Registration District No. 3618

Registered No. 40
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)
 (2) Full Name of Child Baffert Sumpter St. Ward

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 30, 1922
 To be answered only in event of Twins or Triplets (Name of Day) (Year)

FATHER

MOTHER

(8) FULL NAME Frank Sumpter

(14) NAME BEFORE MARRIAGE Della Sumpter

(9) PRESENT POSTOFFICE OF FATHER Pailey R C

(15) PRESENT POSTOFFICE OF MOTHER Pailey R C

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38
 (Year)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32
 (Year)

(12) BIRTHPLACE S C

(18) BIRTHPLACE S C

(13) OCCUPATION Farming

(19) OCCUPATION House wife

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

(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 Born alive at 9 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Joyner

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Med wife Pailey R C

Given name added from a supplemental report

(26) Witness a C Danple
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Jan 6, 1922 (28) W A Danple
 Registrar Local Registrar

*When there was no attending physician or midwife, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 BUREAU OF COLUMBIA, COLUMBIA, S. C.