

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Levi H. Sumner If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Age of Child <u>2 yr</u>	(7) DATE OF BIRTH <u>Apr 29 23</u> (Month of Birth) (Day) (Year)
--------------------------------	--	--	---------------------------------	--

FATHER.

(8) FULL NAME Chas. Sumner

(9) PRESENT POSTOFFICE OF FATHER Sumner S.C.

(10) COLOR OR RACE Col.

(11) AGE AT LAST BIRTHDAY 31
(Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1 2 3

MOTHER.

(15) NAME BEFORE MARRIAGE Kathie Ballard

(16) PRESENT POSTOFFICE OF MOTHER Sumner S.C.

(17) COLOR OR RACE Col.

(18) AGE AT LAST BIRTHDAY 36
(Year)

(19) BIRTHPLACE S.C.

(20) OCCUPATION Harmer

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3:40 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Louisa Ballard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sumner S.C.

Given name added from a supplemental report

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

(27) Filed 10 (28) 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.