

MADE IN COLUMBIA, SOUTH CAROLINA
WHILE PLACED IN THE STATE OF SOUTH CAROLINA, THIS IS A CERTIFICATE OF BIRTH
N.B.—In case of twins or triplets, use a separate form for each child and mark the
FIRST-BORN No. 1 THE OTHER, No. 2, etc. in question 6

(1) PLACE OF BIRTH

County of Sumter

Township of Sumter

Inc. Town of Sumter

City of Sumter

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

19453

Registration District No. 2301 Registered No. 65
(For use of Local Registrar)

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

1 BOY OR GIRL Girl 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH June 12, 1945
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Leopoldine Marie
9 PRESENT POSTOFFICE OF FATHER Sumter, S.C.
10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 25 (Years)
12 BIRTHPLACE Sumter, S.C.
13 OCCUPATION Teacher
14 Number of children born to mother, including present birth 1

MOTHER.

14 NAME BEFORE MARRIAGE Leopoldine Marie
15 PRESENT POSTOFFICE OF MOTHER Sumter, S.C.
16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 19 (Years)
18 BIRTHPLACE Sumter, S.C.
19 OCCUPATION Teacher
20 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21 I hereby certify that I attended the birth of this child, who was, at 7:45 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

22 (Signature) Leopoldine Marie
23 State whether Physician or Midwife Midwife 24 Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report
..... 19
Registrar

25 Witness (Signature of Witness necessary only when question 23 is signed by mark)
26 Leopoldine Marie 27 Leopoldine Marie
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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