

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

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		4241	
Township of <u>C.C. Higginsville</u>		Bureau of Vital Statistics			
Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>2105</u>		Registered No. <u>22</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)			
(2) Full Name of Child <u>Alma S. Sumpter</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 27</u> 19 <u>22</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>Sam Sumpter</u>		(14) NAME BEFORE MARRIAGE <u>Cecil Jackson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Hemingway St</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Hemingway St</u>			
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>28</u>		(16) COLOR OR RACE <u>Negro</u>	
(12) BIRTHPLACE <u>Georgetown Co</u>		(17) AGE AT LAST BIRTHDAY <u>18</u>		(18) BIRTHPLACE <u>Jackson Fla</u>	
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive at 9 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Chambers Coakley</u>					
(24) State whether Physician or Midwife <u>Midwife</u> Address of Physician or Midwife <u>Hemingway St</u>					
Given name added from a supplemental report					
(25) Witness <u>W. H. Cracker</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Mar 4</u> 19 <u>22</u> (28) <u>J. M. Cracker</u> 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.