

(1) PLACE OF BIRTH

County of SumterTownship of Highway Creekor
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 Carl Dean If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet <u>3</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 4 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Carl Dean</u>	(14) NAME BEFORE MARRIAGE <u>Bessie King Lott</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Rembert S C</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Rembert S C</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)
(12) BIRTHPLACE <u>Sumter S C</u>	(18) BIRTHPLACE <u>Sumter S C</u>	(13) OCCUPATION <u>farmlabourer</u>	(19) OCCUPATION <u>house wife</u>
(20) Number of children born to father, including present birth <u>13</u>	(21) Number of children of this mother now living, including present birth <u>12</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:09 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sara H. DeSoy (24) State whether Physician or Midwife Midwife

Give name added from a supplemental report

(25) Witness M. J. Harker (Signature of witness necessary only when question 23 is signed by mark)(26) Filed Nov 9 1923 (27) 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.