

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Bowman Bl  
 OR  
 Inc. Town of.....  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31582

Registration District No. 3600 Registered No. 5-5  
 (For use of Local Registrar)

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

(3) 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 Sept. 15, 1922  
 (Name & Month) (Day) (Year)

## FATHER.

(8) FULL NAME Julious Sumners

(9) PRESENT POSTOFFICE OF FATHER Bowman Bl

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23  
 (Year)

(12) BIRTHPLACE

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Daisy McDaniel

(15) PRESENT POSTOFFICE OF MOTHER Bowman Bl

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

(18) BIRTHPLACE

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Sumners

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bowman Bl

Give name added from a supplemental report

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

(27) Filed Sept. 22, 1922 (28) Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. No report is desired of stillbirths before the fifth month of pregnancy.