

(1) PLACE OF BIRTH

County Sumter

Township of

Inc. Town of

City Sumter

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28443

Registration District No. 22aRegistered No. 458
(For use of Local Registrar)

(2) Full Name of Child

Anna Dora Childers(3) BOY OR GIRL Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are

(7) DATE OF

BIRTH Sept 15 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME James Dunford Childers(9) ADDRESS Sumter(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 28
(Year)(12) BIRTHPLACE Sumter S.C.(13) OCCUPATION Plumber & Painter

MOTHER.

(14) FULL NAME Anna Dora Childers(15) ADDRESS Sumter(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 23
(Year)(18) BIRTHPLACE La(19) OCCUPATION House work(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born 5:00 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. M. Childers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 15 1923 (28) C. E. Smith
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.

... .. before the fifth month of pregnancy.