

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of PrentissInc. Town of PrentissCity of Prentiss(No. 1 St. 1 Ward 1)  
(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

5881

Registration District No. 1 Registered No. 1  
(For use of Local Registrar)(2) Full Name of Child Mary Lou Pack 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 1/28/24  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Manuel Pack(9) PRESENT POSTOFFICE OF FATHER Indal, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36  
(Year)(12) BIRTHPLACE Sumter Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Esther Johnson(15) PRESENT POSTOFFICE OF MOTHER Indal, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32  
(Year)(18) BIRTHPLACE Sumter Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was black at 3 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. H. H. Smith(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Indal, S.C.

Given name added from a supplemental report

(26) Witness Thomas Bradley  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1/28/24 (28) Gas Bradley  
Local RegistrarWhen 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PREPARATION INSTRUCTIONS. 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 8.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.