CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
13008

(1) PLACE OF BIRTH

County of Sumter

Township of Pinewood

or

Inc. Town of .....

or

City of .....

Registration District No. 4104 Registered No. 33
(For use of Local Registrar)

(No. ..... Street; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Katie M. Bride (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Girl
(4) Twin or Triplet: Single — To be answered only in event of Twins or Triplets
(5) Number in order of birth: Twelfth
(6) Are Parents Married: Yes
(7) DATE OF BIRTH: March 29, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Charlie McBride
(9) PRESENT POSTOFFICE OF FATHER: Pinewood R.D. #1
(10) COLOR OR RACE: Black
(11) AGE AT LAST BIRTHDAY: 35 (Years)
(12) BIRTHPLACE: Sumter Co.
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: Seven

MOTHER.

(14) NAME BEFORE MARRIAGE: Alice Amos
(15) PRESENT POSTOFFICE OF MOTHER: Pinewood R.D.
(16) COLOR OR RACE: Black
(17) AGE AT LAST BIRTHDAY: 28 (Years)
(17) ~~BIRTHPLACE~~ Occupation: House Wife
(18) ~~OCCUPATION~~ Birthplace: Sumter Co.
(21) Number of children of this mother now living, including present birth: Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lawsar Nelson
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Pinewood R.D.

Given name added from a supplemental report
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..... 19 .....
Registrar

(26) Witness Thomas Broadway
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 7, 1922 (28) Jas. L. Broadway
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.

MARGIN RESERVED FOR BINDING.

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.

BOARD OF COLUMBIA, COLUMBIA, S. C.