

(1) PLACE OF BIRTH

County of Sumter

Township of

Incl. Town of

City of

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

4727

Registered No. 24
(For use of Local Registrar)(2) Full Name of Child William George

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>(to be answered only in case of twins or triplets)</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 8 1922</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Wm. George(9) PRESENT POSTOFFICE OF FATHER Kershaw(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 48
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah R. R. R.(15) PRESENT POSTOFFICE OF MOTHER Kershaw(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at Sumter, S.C. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Margaret S. R. R.(23) State whether Physician or Midwife (24) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report

(25) Witness John S. R. R.
(Signatures of Witness necessary only when question 23 is signed by mark)(26) Filed Feb 1922 (27) Local Registrar John S. R. R.

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.