

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Shiloh  
 or  
 Inc. Town of .....  
 or  
 City of 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

No. for State Registrar Only  
**37835** X

Registration District No. 41.07 Registered No. 100  
 (For use of Local Registrar)

## (2) Full Name of Child

May Edith Tomlinson  
 (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 4 1923</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>J. C. Tomlinson</u>		(14) NAME BEFORE MARRIAGE <u>Sallie McArthur</u>		
(9) PRESENT POST OFFICE OF FATHER <u>Eschburg, S.C.</u>		(15) PRESENT POST OFFICE OF MOTHER <u>Eschburg, S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Sumter Co</u>		(18) BIRTHPLACE <u>Florence Co</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Hicks, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Tomlinsonville, S.C.

Give name added from a supplemental report

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

(27) Filed 11-15-23 at Sumter 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.