

Form No. 1

(1) PLACE OF BIRTH

County of **Sumter**
 Township of **Privateer**
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19329

Registration District No. **4104** Registered No. **5347**
 (For use of Local Registrar)

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

(2) Full Name of Child **Bernard Geddings.**

Is child not yet named, make supplemental report as directed

Is BOY OR GIRL? **Girl**

Is Twin or Triplet? -----

Is Number in order of birth? -----

Are Parents Married? **yes**

DATE OF BIRTH **June, 29-23**

FATHER.

Is FULL NAME **Myer Geddings**

Is PRESENT POSTOFFICE OF FATHER **Tindal, S.C.**

Is COLOR OR RACE **White**

Is AGE AT LAST BIRTHDAY **38**

Is BIRTHPLACE **Sumter Co. S.C.**

Is OCCUPATION

Farming

Is Number of children born to mother, including present birth

Eight

MOTHER.

Is NAME BEFORE MARRIAGE **Annie May McLeod**

Is PRESENT POSTOFFICE OF MOTHER **Tindal S.C.**

Is COLOR OR RACE **White**

Is AGE AT LAST BIRTHDAY **28**

Is BIRTHPLACE **Clarendon Co. S.C.**

Is OCCUPATION

Housewife

Is Number of children of this mother now living, including present birth

Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

8AM.

(22) I hereby certify that I attended the birth of this child, who was
 on the date above stated.

(23) (Signature) **Henriette**

(24) State whether Physician or Midwife **Midwife**

(25) Address of Physician or Midwife **Manning, S.C.**

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

7-7-1923

(28)

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.

S. A. F. E. T. Y. A. L. M.