

(1) PLACE OF BIRTH

County of SumterTownship of Ridgely Creekor
Inc. Town ofor
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

12200

Registration District No. 4106Registered No. 27
(For use of Local Registrar)

(2) Full Name of Child

Frank Charles

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> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Frank Charles Sr</u>	(14) NAME BEFORE MARRIAGE <u>Louise Dickinson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Rumbert SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Rumbert SC</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Sumter Co</u>	(13) OCCUPATION <u>Farm Labourer</u>	(18) BIRTHPLACE <u>Sumter Co</u>	(19) OCCUPATION <u>House Wife</u>
(20) Number of children born to mother, including present birth <u>2</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
on the date above stated.(23) (Signature) Harold Chapman
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness W. C. Haller
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed April 24 1923. (26) W. C. Haller
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.