

(1) PLACE OF BIRTH  
 County of Sumter  
 Township of Shiloh  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (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

9321

Registration District No 4107

Registered No. 29  
 (For use of Local Registrar)

(2) Full Name of Child Mattie Furlwood (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Are Parents Married? Yes (5) Number in order of birth 1 (6) DATE BIRTH May 17, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Thomas Furlwood</u>	(14) NAME BEFORE MARRIAGE <u>Pirena Gibbs</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Planta, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Planta, S.C.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Planta, S.C.</u>	(16) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>37</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(18) BIRTHPLACE <u>Florence Co</u>	(18) BIRTHPLACE <u>Housawork</u>
(12) BIRTHPLACE <u>Sumter Co</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housawork</u>	
(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>8</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Caroline X McDowell  
 (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Planta, S.C.

Given name added from a supplemental report

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

(27) Filed 3-26-1922 (28) S. M. McElisen 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.