

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16852

Registration District No. 41A Registered No. 84
 (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 William Sims Propst

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH May, 9, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Grier Caldwell Propst

(9) PRESENT POSTOFFICE OF FATHER Sumter, S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
 (Years)

(12) BIRTHPLACE Concord N. C.

(13) OCCUPATION Traveling salesman

(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Lois Sims

(15) PRESENT POSTOFFICE OF MOTHER Sumter S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
 (Years)

(18) BIRTHPLACE Union S. C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:45 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Macdonald
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter S. C.

Given name added from a supplemental report

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

(27) Filed June 10, 1922 (28) D. D. Browning
 Registrar 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.

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MAKING RECORD FOR BIRTHING. WHEN IN A FURNACE, THROUGH, AND MARK THE DATE OF BIRTHING. WHEN IN A FURNACE, THROUGH, AND MARK THE DATE OF BIRTHING. WHEN IN A FURNACE, THROUGH, AND MARK THE DATE OF BIRTHING.