

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PRESENT RECORD, N. B.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

**(1) PLACE OF BIRTH**  
 County of Sumter, S.C.  
 Township of Stutes, S.C.  
 or  
 Inc. Town of .....  
 or  
 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**  
**5943**

Registration District No. .... Registered No. 33  
 (For use of Local Registrar)

**(2) Full Name of Child** Vergine Mack (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets			<u>24</u> <u>1922</u> (Name of Month) (Day) (Year)

<b>FATHER.</b>		<b>MOTHER.</b>	
(8) FULL NAME	<u>Charles Mack</u>	(14) NAME BEFORE MARRIAGE	<u>Lucas Mack</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Sumter, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Sumter, S.C.</u>
(10) COLOR OR RACE	<u>Black</u>	(16) COLOR OR RACE	<u>Black</u>
(11) AGE AT LAST BIRTHDAY	<u>29</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>29</u> (Years)
(12) BIRTHPLACE	<u>E. Hanover</u>	(18) BIRTHPLACE	<u>E. Hanover</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Farmer</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 Feb. 24, 1922, 3:30 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Thurman  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed ..... 19 ..... (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.

MEGAW OF COLUMBIA, COLUMBIA, S. C.