

(1) PLACE OF BIRTH

County of Union
 Township of Pinebluff
 or
 Inc. Town of
 or
 City of

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

No. for State Registrar Only
12803

Registration District No. 4207 Registered No. 30
 (For use of Local Registrar)

(No. 4105 St. 1 Ward 1)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

3. SEX OF CHILD
Male

4. Twin or Triplet

5. Number in order of birth

6. Are Parents Married
Yes

7. DATE OF BIRTH April 10, 22
 (Month of Month) (Day) (Year)

FATHER.

8. FULL NAME

Sumpt Garner

9. PRESENT POSTOFFICE OF FATHER

Union Co. S.C.

10. COLOR OF RACE

White

11. AGE AT LAST BIRTHDAY

30
 (Years)

12. BIRTHPLACE

Union Co. S.C.

13. OCCUPATION

Farmer

MOTHER.

14. NAME BEFORE MARRIAGE

Liz G. Fowler

15. PRESENT POSTOFFICE OF MOTHER

Union Co. S.C.

16. COLOR OF RACE

White

17. AGE AT LAST BIRTHDAY

32
 (Years)

18. BIRTHPLACE

Union Co. S.C.

19. OCCUPATION

Domestic

20. Number of children born to mother, including present birth

6

21. Number of children of this mother now living, including present birth

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 on the date above stated. (Born alive or stillborn) (Hour) (M. or P.)

(23) (Signature)

J. H. A. J.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Union Co. 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

5 10 22

(28)

J. J. Jarratt
 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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