

(1) PLACE OF BIRTH

County of *Ozamis*
 Township of *Lance*
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16299

Registration District No. *3618*

Registered No. *37*
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward ..)

(2) Full Name of Child *Jessie Sumpter*

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *May 8 1922*
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Leitch Sumpter*
 (9) PRESENT POSTOFFICE OF FATHER *Parle & Co*
 (10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *25*
 (Year) (12) BIRTHPLACE *S C*
 (13) OCCUPATION *Farming*
 (20) Number of children born to mother, including present birth *3*

MOTHER

(14) NAME BEFORE MARRIAGE *Ether Sumpter*
 (15) PRESENT POSTOFFICE OF MOTHER *Parle & Co*
 (16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *23*
 (Year) (18) BIRTHPLACE *S C*
 (19) OCCUPATION *House wife*
 (21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *8 P. M.* on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Lilla Moseley*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Parle & Co*

Given name added from a supplemental report

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

(27) Filed *May 9 1922* (28) *W. A. Sumpter*
 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.