

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town ofor
City of Sumter S.C.

(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

16850

Registration District No. 41A Registered No. 81

(For use of Local Registrar)

(No. Sumter St. Peters Ward)(2) Full Name of Child Worthy Puffin

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth 10

(6) Are Parents Married?

(7) DATE OF BIRTH May 25 19 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Eddie Puffin(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 52 (Years)(12) BIRTHPLACE Sumter S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

MOTHER

(14) NAME BEFORE MARRIAGE Manda Hampton(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Orangeburg S.C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca Puffin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 908 W. Beaufort St.midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(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.

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