Form No. 3

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
83607

Registration District No. 41a Registered No. 219
(For use of Local Registrar)

(1) PLACE OF BIRTH

County of Sumter

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

(No. 539 S. Main St.; 2 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lenna Pigmon {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 — To be answered only in event of Twins or Triplets
(6) Are Parents Married? No
(7) DATE OF BIRTH Oct 16 1930 (Name of Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Eddie Pigmon	(14) NAME BEFORE MARRIAGE Mathina Richards
(9) PRESENT POSTOFFICE OF FATHER Sumter SC	(15) PRESENT POSTOFFICE OF MOTHER Sumter SC
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 42 (Years)	(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Orangeburg SC	(18) BIRTHPLACE Sumter SC
(13) OCCUPATION Barber	(19) OCCUPATION Laundry work
(20) Number of children born to mother, including present birth { One	(21) Number of children of this mother now living, including present birth { One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born dead at 1130 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susie George
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Sumter SC

Given name added from a supplemental report .....
..... 19 ....
Registrar

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

(27) Filed Oct 23 1930 (28) W. J. A. Kaper
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT 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.

McCAW, COLUMBIA, S. C.