

(1) PLACE OF BIRTH

County of Fairfield

Township of

OR
Inc. Town of HermosuraOR
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

30081

Registration District No. 9Registered No. 40
(For use of Local Registrar)(2) Full Name of Child Louise Lumpkin

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Lumpkin(9) PRESENT POSTOFFICE OF FATHER Blacksburg SC R. 2. D. 3(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Winnboro SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Sadie Cornwell(15) PRESENT POSTOFFICE OF MOTHER Blacksburg R. 2. D. 3(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Alabama(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 5 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. S. McCants MD(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hannabrook SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 12 1922 (28) D. M. Haynes
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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