

## (1) PLACE OF BIRTH

County of .....

Township of .....

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

22760

Registration District No. .... Registered No. 76  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child Bernice Bernade Sumter 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 July 30, 1923  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Bernice Sumter</u>	(14) NAME BEFORE MARRIAGE <u>Bertha Richards</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Sumter</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Sumter County</u>	(13) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>Sumter County</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>one</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was July 30, 1923 at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louisa A. Radson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness Maggie Richards  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10 (28) C. B. Lynn 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.