9/19/22 Vol 11 #9266.

(1) PLACE OF BIRTH

County of Sumter

Township of Privateer

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

4104

File No.—For State Registrar Only

9295

Registration District No. ..... Registered No. 28

(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 .....

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	———	———	No.	Mch. 17-1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME 6666666666666666666666666

(9) PRESENT POSTOFFICE OF FATHER .....

(10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE .....

(13) OCCUPATION .....

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Julia Allebrooks

(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C. No. 2.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY about 25 (Years)

(18) BIRTHPLACE Sumter Co. S.C.

(19) OCCUPATION Housework.

(20) Number of children born to mother, including present birth .....

(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 alive at ..... M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) .....

(24) State whether Physician or Midwife .....

(25) Address of Physician or Midwife .....

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

..... 19 .....

Registrar

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

(27) Filed 6-11-1922 (28) Geo. L. Harding 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.

12/12/43

WHITE PAPER. MARGIN RESERVED FOR BINDING.

N. B.—In case of twins or triplets, number in order of birth, as "Twin, first born," "Twin, second born," "Triplet, first born," "Triplet, second born," etc., in answer to question 5.

FORM OF CERTIFICATE, No. 1, REVISED 1915.

BOOK OF CERTIFICATES, S. C.