

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Sumner  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12404

Registration District No. 36.11 Registered No. 17  
 (For use of Local Registrar)

(2) Full Name of Child Mary M. Michael

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 20 (6) Are Parents Married? No (7) DATE OF BIRTH July 20, 1919  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME /  
 (9) PRESENT POSTOFFICE OF FATHER /  
 (10) COLOR OR RACE / (11) AGE AT LAST BIRTHDAY (Years) /  
 (12) BIRTHPLACE /  
 (13) OCCUPATION /  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie M. Michael  
 (15) PRESENT POSTOFFICE OF MOTHER Wofflow  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY (Years) 19  
 (18) BIRTHPLACE Orangeburg Co  
 (19) OCCUPATION Farm Laborer  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jessie M. Michael  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wofflow

Given name added from a supplemental report

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

(27) Filed 3/27 19 19 (28) W. W. Buller 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.