

Form No. 1

## (1) PLACE OF BIRTH

Sumter

County of .....

Township of ...Plantation...

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. AIQ4... Registered No. 12.....

(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 Rea Evelyn Osteen

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE <u>9-26-23</u> BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Rea Aiva Osteen</u>			(14) NAME BEFORE MARRIAGE <u>Euby Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter, S.C. No. 2.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Sumter Co. S.C.</u>			(18) BIRTHPLACE <u>Meigs Co. N.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive ..... at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ruth Pringle(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Sumter, S.C. No. 2

Given name added from a supplemental report

(26) Witness F. A. Osteen

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

10-3-23(27) Filed 10-3-23

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(28) 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.