

(1) PLACE OF BIRTH

County of Sumter

Township of

Inc. Town of

City of Sumter

(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

66369

Registration District No. 419 Registered No. 102

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>June 24</u> <u>1911</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Niora Brown(9) PRESENT POSTOFFICE OF FATHER Don't know(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE Sumter SC(13) OCCUPATION Don't know(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marta West(15) PRESENT POSTOFFICE OF MOTHER Sumter SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 14 (Years)(18) BIRTHPLACE Sumter SC(19) OCCUPATION Chambermaid(20) 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 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)(23) (Signature) C. W. Maxwell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Sumter SC

Given name added from a supplemental report

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

(27) Filed June 6 (28) W. J. M. Ragen 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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