

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 OF Four Mile  
 Inc. Town of Four Mile  
 OF Four Mile  
 City of Four Mile

## CERTIFICATE OF BIRTH

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

No. 44.—For State Registrar Only  
 4063

Registration District No. 22093 Registered No. 47  
 (For use of Local Registrar)

## (2) Full Name of Child

SOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 21-23  
 To be answered only in event of Twin or Triplet

FATHER.  
 (8) FULL NAME R W Sumner  
 (9) PRESENT POSTOFFICE OF FATHER Greenville S C  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40  
 (12) BIRTHPLACE Ga  
 (13) OCCUPATION Luxite work  
 (14) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Martha Welch  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S C  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28  
 (18) BIRTHPLACE Ga  
 (19) OCCUPATION Housewife  
 (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 at 4:20 a.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 supplementary report

(26) Witness

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

(27) Date Jan 21-23 (28) Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.