

## (1) PLACE OF BIRTH

County of Pickens  
 Township of Eastley  
 OR  
 Inc. Town of Eastley  
 OR  
 City of .....

(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  
**31772**

Registration District No. 37-a Registered No. 124  
 (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 Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH SEP-20-22  
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Arthur M Sumpter  
 (9) PRESENT POSTOFFICE OF FATHER Eastley, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25  
 (12) BIRTHPLACE Franklin Co. Ga.  
 (13) OCCUPATION Textile worker  
 (20) Number of children born to mother, including present birth 2

MOTHER.  
 (14) NAME BEFORE MARRIAGE Mary M Phillip  
 (15) PRESENT POSTOFFICE OF MOTHER Eastley, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
 (18) BIRTHPLACE Pickens  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) U M Drapp, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Eastley, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed with

(27) Filed Oct 2, 1922

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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NOTED FOR BINDING.

WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MECAN, S.C. COLUMBIA, S.C.

MECAN