

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Sumter
Township of Stateburg
or
Inc. Town of.....
or
City of Sumter, S.C. Rt 3

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4109

FILE

23 048057

0000

Registered No.
(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 Ethel Priebean { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Girl If Plural births None 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? Yes 8. Date of birth 12-23-1923 (Month, day, year)

9. Full name Abraham Priebean FATHER 18. Name before marriage Dolphine Richardson MOTHER

10. Residence (mailing address) Rt 3 Sumter 19. Residence (mailing address) Rt 3 Sumter
(If non-resident, give place and State)

11. Color or race Negro 12. Age at child's birth 20 (years) 20. Color or race Negro 21. Age at child's birth 20 (years)

13. Birthplace (city or place) Sumter Co, SC 22. Birthplace (city or place) Sumter Co, SC
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done as spinner, sawyer, cooper, etc. Farming OCCUPATION 23. Trade, profession, or particular kind of work done as house-keeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months..... weeks..... 29. Cause of stillbirth..... { Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return. }

Given name added from a supplementary report..... (Date of)

(Signed) Dr. M. L. Parlor, Deceased Parent
or Dolphine Priebean Guardian
Address.....

Filed July 19, 19 44 L.A. Riser, M.D. Registrar.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

7-6-44