

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.)

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

00700

Registered No. (For use of Local Registrar)

2. FULL NAME OF CHILD

Ethel Priebe

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

3. Boy or Girl

If Plural births

4. Twins, triplets or other

6. Premature

7. Are Parents

8. Date of birth

Girl

None

None

Full term

Married?

12-23-1923

(Month, day, year)

9. Full name

FATHER

Abraham Priebe

18. Name before marriage

MOTHER

Dolphine Richardson

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

Rt. 3, Sumter

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

Rt. 3, Sumter

11. Color or race

Negro

20. Color or race

Negro

13. Birthplace (city or place) (State or country)

Sumter Co., S.C.

22. Birthplace (city or place) (State or country)

Sumter Co., S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, blacksmith, etc.

Farming

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

None

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

None

16. Date (month and year) last engaged in this work

1923

25. Date (month and year) last engaged in this work

1923

17. Total time (years) spent in this work

19

26. Total time (years) spent in this work

19

27. Number of children of this mother (At time of birth and including this child)

1

(a) Born alive and now living

1

28. If stillborn, period of gestation

months

29. Cause of stillbirth

Before labor

weeks

During labor

During 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)

Registrar.

(Signed) (Dr. M. L. Parlor, Deceased) Parent

or Dolphine Priebe Guardian

Address.....

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

Registrar.