

## (1) PLACE OF BIRTH

County of SumterTownship of SumterInc. Town of SumterCity of Sumter

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Edna

No. for State Registrar

5313

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 41-ARegistered No. ....  
(For use of Local Registrar)(No. 221 May St. 1 Ward)

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

(3) SEX OR CHILD <u>Boy</u>	(4) Type of Birth <u>To be reported only in case of Twin or Triplet</u>	(5) Number in order of birth <u>43</u>	(6) Age of Mother <u>43</u>	(7) DATE OF BIRTH <u>Feb 19 23</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME O W Mills

(9) PRESENT POSTOFFICE OF FATHER Sumter SC

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 22  
(Year)

(12) BIRTHPLACE Graytown Co. S C

(13) OCCUPATION Self

(14) Number of children born to mother, including present birth One

**MOTHER.**

(14) NAME BEFORE MARRIAGE Anna Taylor

(15) PRESENT POSTOFFICE OF MOTHER Sumter SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 18

(18) BIRTHPLACE Houma Co SC

(19) OCCUPATION Self

(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7 PM.  
on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) W D Mills

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 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 May 2 19 23 (28) W D Mills 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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