

(1) PLACE OF BIRTH

County of Sumter
 Township of Mayer
 or Town of Mayer
 or City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

1929

Registration District No. 4102Registered No. 28
(For use of Local Registrar)

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

(2) Full Name of Child Mather Elizabeth Sargant If child is not yet named, make supplemental report as directed

(3) SEX Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Apr 29 1923
 (To be answered only in event of Twin or Triplet) (State of Month) (Day) (Year)

FATHER.
 (8) NAME BEFORE MARRIAGE Robt. Sargant
 (9) PRESENT POSTOFFICE OF FATHER Mayer
 (10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Rosa Bell Richardson
 (15) PRESENT POSTOFFICE OF MOTHER Mayer
 (16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 28
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was... alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Mary E. Davis(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Mayer

Given name added from a supplemental report

(25) Witness

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

(27) Filed May 2 1923

(28)

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.