

(1) PLACE OF BIRTH

County of *Chr*

Township of

OR
Inc. Town of *Chr*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

27376

Registration District No. *4* Registered No.

(For use of Local Registrar)

(No. *Raper Hospital* Ward)

(2) Full Name of Child

Betty Ruth Sumner

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

2. BOY OR
GIRL *Girl*(4) Twin
or Triplet *✓*(5) Ready to
be named *✓*(6) Are
Parents
Married *Yes*(7) DATE OF
BIRTH *9-21-23*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME *Henry Sumner*(9) PRESENT
POSTOFFICE
OF FATHER *9 Buford St*(10) COLOR
OR
RACE *negro* (11) AGE AT LAST
BIRTHDAY *23*

(Year)

(12) BIRTHPLACE *La*(13) OCCUPATION *Laborer*(20) Number of children born to
mother, including present birth *1*

MOTHER.

(14) NAME BEFORE
MARRIAGE *Alice Pate*(15) PRESENT
POSTOFFICE
OF MOTHER *9 Buford St*(16) COLOR
OR
RACE *negro* (17) AGE AT LAST
BIRTHDAY *22*

(Year)

(18) BIRTHPLACE *Mt. Pleasant, S.C.*(19) OCCUPATION *Domestic*(21) Number of children of this mother
now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7:30* A.M.
on the date above stated. (born alive or stillborn) (Hour & M. or P.M.)(23) (Signature) *Alice Pate*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Raper Hospital*(Given name added from a supplement
al report)

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *9/24*19 *23**Dr. Morris Green**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.