

(1) PLACE OF BIRTH

County of Sumner
 Township of Sumner
 or
 Inc. Town of P.O. #1
 or
 City of Ware Shoals

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

21689

Registration District No. 29.06 Registered No. 4.3
 (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 Samuelson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH July 19, 1923
 To be covered only in event of Twin or Triplet (Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Albert Sidney South (14) NAME BEFORE MARRIAGE Mary Ethel Cullerton

(9) PRESENT POSTOFFICE OF FATHER Ware Shoals #1 S.C. (15) PRESENT POSTOFFICE OF MOTHER Ware Shoals #1 S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
 (Years) (Years)

(12) BIRTHPLACE Sumner S.C. (18) BIRTHPLACE Greenville S.C.

(13) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (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 6:20 AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Donnan (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ware Shoals S.C.

(Given name added from a supplemental report) (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 24, 1923 (28) Samuelson 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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