

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Windsor
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For this Register
37075 5-8

Registration District No. 3600Registered No. 559
(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

Trisha Lee Mack

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

(3) SEX OR Girl (4) Type yo (5) Number in yo (6) DATE OF BIRTH Oct 24, 23
To be approved only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Solmie Mack(9) PRESENT RESIDENCE OF FATHER Sumner S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Henneth Gassett(15) PRESENT RESIDENCE OF MOTHER Sumner S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated. (born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Martha Ann Shuler(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Sumner S.C.

Given name added from a supplementary report

(26) Witness S. J. West
 (Signature of witness necessary only when question is signed by mark)

(27) Filed S. J. West (28) Local Registrar

When child is born in hospital or institution, then the father, householder, etc., should make this return. If a child is born alive, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.