

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
18519

(1) PLACE OF BIRTH

County of Sumter

Township of Cotton Mills

or Inc. Town of Not incorporated

City of Not incorporated

Registration District No.

Registered No.
(For use of Local Registrar)

St.; Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.
If child is not yet named, make supplemental report as directed

(2) Full Name of Child

3) BOY OR GIRL Boy

(4) Twin or Triplet? No

5) Number in order of birth 1st

6) Are Parents Married? Yes

7) DATE OF BIRTH January 20th 1922
Name of Month (Day) (Year)

FATHER.

8) FULL NAME Frank Black

9) PRESENT POSTOFFICE OF FATHER Union Station Cotton Mills SC

10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 25
(Years)

12) BIRTHPLACE Chesler

13) OCCUPATION Cotton mill operator

22) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Annie McDaniel

(15) PRESENT POSTOFFICE OF MOTHER Union Station Cotton Mills SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 18
(Years)

(18) BIRTHPLACE Small Hill SC

(19) OCCUPATION Wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. B. Black

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Cotton Mills SC

Given name added from a supplemental report

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

(27) Filed 19 (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.

15th month of pregnancy. 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.

MEANS OF DETERMINING GENUINENESS OF SIGNATURES OF FATHERS ON TRIPLETS use a MEASUREMENT BLANK FOR EACH CHILD, and mark the PRINT-ROUT, No. 1 THIS OTHER, No. 2, etc. in question 6