

Form No. 1

## (1) PLACE OF BIRTH

County of SpartanTownship of Providenceor  
Inc. Town of .....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

37896

Registration District No. 4.1.0.5 Registered No. 105

(For use of Local Registrar)

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

(3) SEX OF CHILD	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
Girl			Yes	Nov 9, 1923

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER Oswego, SC(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 38 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth

## MOTHER.

(14) NAME BEFORE MARRIAGE Linder Sumlin

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Year)

(18) BIRTHPLACE

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physi. or Midwife

Given name added from a supplemental report

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

(27) Filed Nov 2, 1923 (28) H. R. Ruffin 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.