

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

or Inc. Town of Sumter

or City of .....

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

No. 17597 — For State Registrar Only  
 17597

Registration District No. 20 B Registered No. 9  
(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.)

## (2) Full Name of Child

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

3. BOY OR GIRL Boy 4. Twin or Triplet 1 5. Number in order of birth 1 6. Are Parents Married? No 7. DATE OF BIRTH March 25, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

8. FULL NAME Ben Austin  
 9. PRESENT POSTOFFICE OF FATHER Sumter City S.C.  
 10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 22  
 12. BIRTHPLACE S.C.  
 13. OCCUPATION rice hand

14. NAME BEFORE MARRIAGE Edith Gray  
 15. PRESENT POSTOFFICE OF MOTHER Sumter City S.C.  
 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 19  
 18. BIRTHPLACE S.C.  
 19. OCCUPATION Coal

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 born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour / Minute P. M.)

(23) (Signature) S. B. W. Canty, M.D. (24) State where Physician or Midwife South Carolina (25) Address of Physician or Midwife Sumter City S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 6/6 23 (28) R. H. Canty 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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