CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 7723

(1) PLACE OF BIRTH

County of: Sumter

Township of: .....

or

Inc. Town of: .....

or

City of: Sumter (No. 2 Etc. St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2209 B Registered No. 99 (For use of Local Registrar)

(2) Full Name of Child: Jethulus Dover. (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 — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: Jan 29 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Levi Dover.	(14) NAME BEFORE MARRIAGE	Bertha Anderson
(9) PRESENT POSTOFFICE OF FATHER	Sumter	(15) PRESENT POSTOFFICE OF MOTHER	Sumter
(10) COLOR OR RACE	N	(11) AGE AT LAST BIRTHDAY (Years)	20
(16) COLOR OR RACE	N	(17) AGE AT LAST BIRTHDAY (Years)	18
(12) BIRTHPLACE	N.C.	(18) BIRTHPLACE	N.C.
(13) OCCUPATION	Textile Op.	(19) OCCUPATION	Domestic.
(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 (Born alive or stillborn) at 9.45 A.M. (Hour, A.M. or P.M.) on the date above stated.

(23) (Signature) J. C. Fred Wells

(24) State whether Physician or Midwife: Phy.

(25) Address of Physician or Midwife: Sumter

Given name added from a supplemental report .....

..... 19 .... Registrar

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

(27) Filed Mar 3 1922 (28) J. P. Mayer Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in question 5. A SEPARATE BLANK FOR EACH CHILD, and mark the

McGaw of Columbia, Columbia, S. C.