

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of Sumneror  
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

37842

Registration District No. ....

Registered No. 126  
(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child George F. Fidler, Jr. If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be reported only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Apr 25 1923</u> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Frank Fidler</u>	(14) NAME BEFORE MARRIAGE <u>Cassie Pringle</u>	(9) PRESENT RESIDENCE OF FATHER <u>Sumter, S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Sumter, S.C.</u>
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Child work</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucas White (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter, S.C.

Ultras name added from a supplemental report

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

(27) Filed

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(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.