

Form No. 1

## (1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*Inc. Town of *Charleston*City of *Charleston*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
17474Registration District No. *1707*Registered No. *4*  
(For use of Local Registrar)St. *1* Ward

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

(2) Full Name of Child *Myrtle* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Girl* (4) Twin or Triplet *No* (5) Number in order of birth *7* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Feb 1 1923*  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <i>Abraham Sumner</i>	(14) NAME BEFORE MARRIAGE <i>Louisa Grant</i>	(16) PRESENT POSTOFFICE OF FATHER <i>Summersville S.C.</i>	(16) PRESENT POSTOFFICE OF MOTHER <i>Summersville S.C.</i>
(10) COLOR OR RACE <i>Colored</i>	(17) AGE AT LAST BIRTHDAY <i>36</i> (Years)	(10) COLOR OR RACE <i>Colored</i>	(17) AGE AT LAST BIRTHDAY <i>34</i> (Years)
(12) BIRTHPLACE <i>Co. of Charleston</i>	(18) OCCUPATION <i>Farmer</i>	(12) BIRTHPLACE <i>Charleston S.C.</i>	(18) OCCUPATION <i>Farmer</i>
(20) Number of children born to mother, including present birth <i>6</i>	(21) Number of children of this mother now living, including present birth <i>5</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born 3-23* at *3 P.M.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Rachel A. Sumner* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Summersville S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *July 3* 19 *23*

(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