

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Sumter  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

12176

Registration District No. 4104Registered No. 32  
(For use of Local Registrar)

City of ..... (No. .... 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

Clinton Massey

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

1. SEX <u>Boy</u>	2. Twin or Triplet <u>No</u>	3. Number in order of birth <u>1</u>	4. Are Parents Married? <u>Yes</u>	5. DATE OF BIRTH <u>Apr 11 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
6. FULL NAME <u>Clinton Massey</u>			14. NAME BEFORE MARRIAGE <u>Edna Lewis</u>	
7. PRESENT POSTOFFICE OF FATHER <u>Sumter, S.C.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Sumter, S.C.</u>	
10. COLOR OR RACE <u>Black</u>			17. AGE AT LAST BIRTHDAY <u>26</u>	
11. AGE AT LAST BIRTHDAY <u>30</u>			18. BIRTHPLACE <u>Sumter Co. S.C.</u>	
12. BIRTHPLACE <u>Sumter Co. S.C.</u>			19. OCCUPATION <u>House and Good Road</u>	
13. OCCUPATION <u>Farming</u>			20. Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at 4 P.M. on the date above stated.

(24) (Signature)

(25) State Registrar

(26) Address of Physician or Midwife

Sumter, S.C.

Given name added from a supplemental report

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

(27) Filed 4/11/23 (29) 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 stillbirth before the fifth month of pregnancy.