

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Sumter
Township of C-8
or
Inc. Town of
or
City of (No. St. Ward)

(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

433221

Registration District No. 22045 Registered No.
(For use of Local Registrar)

(2) Full Name of Child

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

(3) ☒ BOY ☐ GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 28 1924
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Lee O. Omlen
(9) PRESENT POSTOFFICE OF FATHER Sum DC
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 48 (Years)
(12) BIRTHPLACE Spokane Co
(13) OCCUPATION Labour
(20) Number of children born to mother, including present birth Two

MOTHER.
(14) NAME BEFORE MARRIAGE Hattie Coleman
(15) PRESENT POSTOFFICE OF MOTHER Sum DC
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Columbia DC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Thurman O. Wadsworth
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sum DC

Given name added from a supplemental report

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

19 24 Registrar (27) Filed Mar 11 1924 (28) J. T. James 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.