

MALEIN RESIDENTS FOR BIRTHING. WITH UNPAID FINE—FEE IN A FURNISHMENT REQUIRED. IN CASE OF BIRTHING, THE FINE IS \$1.00. THIS OFFICE, No. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

(1) PLACE OF BIRTH

County of Sumter, S.C.

Township of Sumter, S.C.

or Inc. Town of Sumter, S.C.

or City of Sumter, S.C.

(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

16853

Registration District No. 41A

Registered No. 47  
(For use of Local Registrar)

(2) Full Name of Child Maudie Inez White

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth 5

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH May 6, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joseph Eugene White

(9) PRESENT POSTOFFICE OF FATHER

Sumter, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

47  
(Years)

(12) BIRTHPLACE

Foreston, S.C.

(13) OCCUPATION

Shoe Salesman

(20) Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Maudie Inez Wilb

(15) PRESENT POSTOFFICE OF MOTHER

Sumter, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36  
(Years)

(18) BIRTHPLACE

Sumter, S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:30 P.M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Archie Anna M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Sumter, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 15, 1922

(28)

D. O. Browning  
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.

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