

CERTIFICATE OF BIRTH

State of South Carolina
Department of Health
State Board of Health

2010

Registration District No. 703

Registered No. (For use of Local Registrar)

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

Full Name of Child Jettie Sumter If child is not yet named, make appropriate record as shown

Sex Female Type of birth one Is it recorded in case of Twin or Triple yes Date of birth Feb 4 1910

FATHER
Full Name Jettie Sumter
Current Address of Father askley
Color Black (If at last birth 23)
Marriage askley SC
Occupation Laborer
Number of children born to father, including present one 2

MOTHER
Full Name Wishla Beach
Current Address of Mother askley
Color Black (If at last birth 24)
Marriage askley SC
Occupation housewife
Number of children of this mother now living, including present one 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (If born alive previously, (Hour A. M. or P. M.)

(Signature) Robert H. Garner
Name of Physician or Midwife Garner Address of Parent or Midwife On 6

Given name and date of birth of child