

(1) PLACE OF BIRTH

County of OrangeburgTownship of Eastonor
Inc. Town of Sumneror
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17372

Registration District No. 1204Registered No. 33

(For use of Local Registrar)

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

(2) Full Name of Child Mary Giles

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

(3) SEX OF CHILD

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

BIRTH 6 July 1900
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mr

(9) PRESENT POSTOFFICE OF FATHER

Mr

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

21

(Year)

(12) BIRTHPLACE

Mr

(13) OCCUPATION

Mr

MOTHER.

(14) NAME BEFORE MARRIAGE

Miss Giles

(15) PRESENT POSTOFFICE OF MOTHER

Sumner

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

18

(Year)

(18) BIRTHPLACE

Sumner

(19) OCCUPATION

Mr

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

July 14 1900

(28)

R. J. Chaplin

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.