

## (1) PLACE OF BIRTH

County of Sumter  
 Township of H. C. S. T. H.  
 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.)

(2) Full Name of Child Hattie May Sumter If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 29, 1922  
 (Name of Mother) (Day) (Year)

FATHER  
 (8) FULL NAME Jackson Sumter  
 (9) PRESENT POSTOFFICE OF FATHER Hickston S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farm Hand  
 (20) Number of children born to mother, including present birth 1

MOTHER  
 (14) NAME BEFORE MARRIAGE Lavinia Macey  
 (15) PRESENT POSTOFFICE OF MOTHER Hickston S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Wife and Field Hand  
 (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 born alive at 11 A. M. on the date above stated. (Born or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adeline Young(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hickston S.C.

Given name added from a supplemental report

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

(27) Date June 3, 1922 (28) Local Registrar

When there was no attending physician or midwife, then the father, household, 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.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13760

Registration District No. 572

Registered No. \_\_\_\_\_ (For use of Local Registrar)