

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UPBOLDING. 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 2.

(1) PLACE OF BIRTH

County of Barnwell
Township of Barnwell
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

No. for State Registrar

9348

Registration District No. 501

Registered No. 9
(For use of Local Registrar)

(2) Full Name of Child

Catherine Sumbar

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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 16, 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME E. G. Sumbar
(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 62 (Years)
(12) BIRTHPLACE Barnwell S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 3

MOTHER.
(15) NAME BEFORE MARRIAGE Emma Halliwell
(16) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.
(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 35 (Years)
(19) BIRTHPLACE Barnwell S.C.
(20) OCCUPATION Field work
(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 10 a M., on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thora Cornett
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barnwell S.C.

Given name added from a supplemental report

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

(27) Filed March 25, 1923 (28) N. T. Kirkland

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is needed of stillbirth before the fifth month of pregnancy.