

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Sumter

Township of

or

Inc. Town of

or

City of Sumter, S.C.

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 41-a Registered No.

(For use of Local Registrar)

2. FULL NAME OF CHILD Hattie Elizabeth Witherspoon

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

3. Boy or Girl

If Plural
births

4. Twins, triplets or other.....

6. Premature.....

7. Are Parents

8. Date of

birth April 15, 1923
(Month, day, year)

5. Number in order of birth.....

Full term.....

Married? yes

9. Full
name

FATHER
Ray W. Witherspoon

18. Name before
marriage

MOTHER

Alice Oakman

10. Residence (mailing address)

(If non-resident, give place and State)

Sumter, S.C.

19. Residence (mailing address)

(If non-resident, give place and State)

Sumter, S.C.

11. Color or race Negro

12. Age at child's birth 24 (years)

20. Color or race Negro

21. Age at child's birth 24 (years)

13. Birthplace (city or place)
(State or country)

Sumter County, S.C.

22. Birthplace (city or place)
(State or country)

Sumter, S.C.

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Parson

15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.

16. Date (month and year) last
engaged in this work

17. Total time (years)
spent in this work

OCCUPATION

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.

Domestic

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.

25. Date (month and year) last
engaged in this work

26. Total time (years)
spent in this work

27. Number of children of this mother
(At time of birth and including this child)

(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn,
period of gestation.....

29. Cause of stillbirth.....

Before labor.....
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m., on the date above stated.

{ When there was no attending physician
or midwife, then the father, householder
etc., should make this return.

Given name added from
a supplementary report.....

(Date of)

Registrar.

(Signed)

Alice Witherspoon, Parent

or....., Guardian

Address.....

Filed 8/9/43, 19.....

L.A. Riser, M.D.

Registrar.