

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. 1

(For use of Local Registrar)

23 048068

FIL

Registrar Only

U1352

2. FULL NAME OF CHILD Hattie Elizabeth Witherspoon { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Girl If Plural births 1 4. Twins, triplets or other..... 5. Number in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? yes 8. Date of birth April 15, 1943 (Month, day, year)

9. Full name FATHER Raymond Witherspoon 18. Name before marriage MOTHER Alice Calhoun

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. Parent 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..... months weeks 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.

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.)