

(1) PLACE OF BIRTH

County of Sumter
 Township of Mayville
 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 Only
22704

Registration District No. 4102

Registered No. 46
 (For use of Local Registrar)

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

(3) SEX OR GENDER girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH July 6, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elmer Louis
 (9) PRESENT POSTOFFICE OF FATHER Mayville S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Haskins
 (15) PRESENT POSTOFFICE OF MOTHER Mayville S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(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 live at 4:10 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mayville Louis

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Mayville S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed July 10, 1923

(28) Local Registrar C. J. Cooper

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.