

Form No. 1

(1) PLACE OF BIRTH

County of *Sumter*Township of *Sumter*

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *11A.4*

File No. — For State Registrar Only

30345

Registered No. *49*
(For use of Local Registrar)(2) Full Name of Child *Brook Pedersen*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married *Yes*

(7) DATE OF BIRTH

Sept 16, 1923
(Month) (Day) (Year)

(8) FULL NAME

FATHER

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE *Caucasian*(11) AGE AT LAST BIRTHDAY *33*
(Year)

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

MOTHER

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *Caucasian*(17) AGE AT LAST BIRTHDAY *38*
(Year)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was *born* *10 P. M.*
on the date above stated. (Signature or initials) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Signature of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed *9/24* *1923* (28) *Geo L. Barclay* *Deaf Registrar*

*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.