

(1) PLACE OF BIRTH

County of SumterTownship of RAFTING

Inc. Town of

City of

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

Registration District No. 4106
 File No. - For State Registrar Only
12192
Registered No. 17
(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 Liah Skinner

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

 (3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Apr 1st 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME L. S. Skinner
 (9) PRESENT POSTOFFICE OF FATHER Reebee SC
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 49
 (Year) (12) BIRTHPLACE Sumter Co
 (13) OCCUPATION farmer
 (14) Number of children born to mother, including present birth 11
MOTHER.
 (15) NAME BEFORE MARRIAGE Marah Roach
 (16) PRESENT POSTOFFICE OF MOTHER Reebee SC
 (17) AGE AT LAST BIRTHDAY 36
 (Year) (18) COLOR OR RACE negro (19) BIRTHPLACE Sumter Co
 (20) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Hermann C. Hoffman (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Reebee SC

Given name added from a supplemental report

(26) Witness H. C. Hoffman (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Apr 9 1923 (28) H. C. Hoffman Local 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.