

(1) PLACE OF BIRTH

County of Sumter
 Township of Mayeville
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar's Use
30329

Registration District No. 4102 Registered No. 79
 (For use of Local Registrar)

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

(2) Full Name of Child

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

(3) Sex or Gender Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 10 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Richard Macer
 (9) PRESENT POSTOFFICE OF FATHER Mayeville SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 2 (Year)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Anna Fleming
 (15) PRESENT POSTOFFICE OF MOTHER Mayeville SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Year)
 (18) BIRTHPLACE SC
 (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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mam. E. Davis

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Mayeville SC

Given name added from a supplemental report

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

(27) Filed Sept 12 1923 (28) W. C. Taylor 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.