

Form No. 10. MARYLIN RESERVED FOR BIRMINGHAM. WRITER PLEASELY, WITH UNFADING INK—THIS IS A PREPARATION. R. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Sumter STATE OF SOUTH CAROLINA.  
 Township of Providence Bureau of Vital Statistics  
 Inc. Town of ..... Registration District No. 4105 State Board of Health  
 City of ..... Registered No. 44  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

File No.—For State Registrar Only  
57788

(2) Full Name of Child Infant L. G. ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH April, 20, 1916  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Matthew J. ...</u>	(14) NAME BEFORE MARRIAGE <u>Phillis Jackson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Dalzell S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Dalzell S. C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)
(12) BIRTHPLACE <u>S. C.</u>	(18) BIRTHPLACE <u>S. C.</u>	(13) OCCUPATION <u>Farm Hand</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth { <u>2</u>	(21) Number of children of this mother now living, including present birth { <u>0</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8-0-M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Effie ... Anderson

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

Given name added from a supplemental report

(26) Witness Mrs. Eva Binkette  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 24, 1916 (28) B. M. Laughlin 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.

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