

Form No. 10. DESIGNATED SUBSCRIBERS IN THE REGISTRATION OF BIRTHS IN A TERRITORY NOT INCORPORATED. WAITING PLACELY. WITH UNPAID REPORTS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Florence

Township of Sumter

Inc. Town of Sumter

City of Sumter

(2) Full Name of Child

Leila Flowers

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19019

Registration District No. 125

Registered No. 2

(For use of Local Registrar)

(No. of Street)

St.; (Ward)

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

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan 19 1906  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Leander Flowers

(9) PRESENT POSTOFFICE OF FATHER

Sumter R.F.D.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

37

(12) BIRTHPLACE

Sumter S.C.

(13) OCCUPATION

Farmer

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

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Leitha McLean

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

36

(18) BIRTHPLACE

Sumter S.C.

(19) OCCUPATION

Housewife

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

7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at Sumter S.C. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) L. D. Williams

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

Physician Sumter S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Jan 19 1906

(28)

C. D. Rollins  
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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