

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

or

Inc. Town of .....

or

City of Sumter S.C.

(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

File No. — For State Registrar Only

74847

Registration District No. 41A Registered No. 136

(For use of Local Registrar)

City of Washington St.; ..... Ward(2) Full Name of Child Leas Nelson { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 9 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Chas. M. Tidson(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY ..... (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Pyke(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY ..... (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION wife(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 ..... P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. W. J. Dickerson

(24) State whether Physician or Midwife (25) Address 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 Sept 6 1916 (28) W. J. Dickerson 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.