

## (1) PLACE OF BIRTH

County of *Sumter*Township of *Sumter*or  
Inc. Town of .....or  
City of .....

(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

92030

Registration District No. *4108* Registered No. *194181*

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec. 25, 1914</i>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Frank Mills*(9) PRESENT POSTOFFICE OF FATHER *Sumter, S.C.*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY .....

(12) BIRTHPLACE .....

(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *4*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Wilson*(15) PRESENT POSTOFFICE OF MOTHER *Sumter, S.C.*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY .....

(18) BIRTHPLACE .....

(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *3 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mary Maple, per registrar*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Sumter, S.C.*

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed *Jan. 2, 1915* (28) *Chas. B. Pappas*

Registrar

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.

WHEN FATHER, HOUSEHOLDER, ETC., MAKE THIS RETURN, HE MUST SIGN HIS NAME AND ADDRESS IN FULL. 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.

IN CASE OF DEATH OF CHILD, FATHER, HOUSEHOLDER, ETC., MUST SIGN THIS CERTIFICATE AND REPORT TO THE REGISTRAR WITHIN FIVE DAYS OF THE DEATH.

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