

(1) PLACE OF BIRTH

County of *Sumter*Township of *Statelburg*

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

79538

Registration District No. *4109*Registered No. *95*

(For use of Local Registrar)

(2) Full Name of Child *Samuel Britman*

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Marion Britman

(9) PRESENT POSTOFFICE OF FATHER

Sumter S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

Sumter S.C.

(13) OCCUPATION

Farmer

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

Seven

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Sanders

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

Sumter S.C.

(19) OCCUPATION

House wife

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

Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *11:00* P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Rachel Fleming*

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

Rachel Fleming

Given name added from a supplemental report

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Registrar

(26) Witness

A. F. Jingle
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Sept 20 1916

(28)

A. F. Jingle
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.