

(1) PLACE OF BIRTH
 County of Sumter
 Township of Philoh
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

44815

Registration District No. 4107 Registered No. 115
 (For use of Local Registrar)
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Samuel Theodor Laekalai If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? None (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 8 1918
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME M. Laekalai.
 (9) PRESENT POSTOFFICE OF FATHER Math Bridge Co
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)
 (12) BIRTHPLACE Sumter Co S C
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Amie Dietson
 (15) PRESENT POSTOFFICE OF MOTHER Math Bridge Co
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Sumter Co S C
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Wilson
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Math Bridge Co

Given name added from a supplemental report
, 191.....
 Registrar

(26) Witness W. Wilson
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 12-15-18 (28) S. B. McElwain
 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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Form No. 10. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD. N. B.—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. M.C.W. of C. Hamilton