

## (1) PLACE OF BIRTH

County of ... *Sumter, S. C.*Township of ..... *A. . . . .*Inc. Town of ..... *A. . . . .*City of ..... *A. . . . .*

(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

74850

Registration District No. *41A* Registered No. *189*

(For use of Local Registrar)

(2) Full Name of Child *Mildred Giles*

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

(3) BOY OR GIRL?

*Girl*

(4) Twin or Triplet?

*1*

To be answered only in event of Twins or Triplets

(5) Number in order of birth

*1st*

(6) Are Parents Married?

*Yes*

(7) DATE OF

BIRTH. *Aug. 13, 1916.*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*James Bright Giles*

(9) PRESENT POSTOFFICE OF FATHER

*Denmark S. C.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*39*  
(Years)

(12) BIRTHPLACE

*Richmond Co. N. C.*

(13) OCCUPATION

*R. R. Agt.*

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

*1st*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Mildred Thomas*

(15) PRESENT POSTOFFICE OF MOTHER

*Denmark S. C.*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*39*  
(Years)

(18) BIRTHPLACE

*Darlington Co. S. C.*

(19) OCCUPATION

*Housewife*

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

*1st*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ... *Alive* ... at. *5:2* ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Archie China M. D.*

(24) State whether Physician or Midwife

*Physician*

(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

*Aug. 26, 1916*

(28)

*W. J. Keene*  
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.