

FORM NO. 1

(1) PLACE OF BIRTH

County of Sumter

Township of

or

Inc. Town of

City of Sumter

(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

91954

Registration District No. 4/A Registered No. 252
(For use of Local Registrar)
City of Sumter (No. 24 Wright St.; 3.2 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Ralph Wynne { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 27 1916
(Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME Joseph Wynne(6) PRESENT POSTOFFICE OF FATHER Sumter SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Roanoke Va(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Berg(15) PRESENT POST OFFICE OF MOTHER Sumter SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Atlantic Ocean from Russia to America(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1. A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. P. Osteen M.D.

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

Physician Sumter SC

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 5 1917 (28) W. J. McKee 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.