

(1) PLACE OF BIRTH

County of SumterTownship of Stateburg

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

50622

Registration District No. 4109Registered No. 5

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child died unnamed

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Yes (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 4, 1916 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Walter Brown(9) PRESENT POSTOFFICE OF FATHER Pagell, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Richland Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Licie Anier Green(15) PRESENT POSTOFFICE OF MOTHER Pagell, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Richland Co. S.C.(19) OCCUPATION farm laborer(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive stillborn) (Hour A.M. or P.M.)(23) (Signature) Phyllis A. Sanderson

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

Midwife Pagell S.C.Benjamin Sanderson

Given name added from a supplemental report

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

(27) Filed Feb 5, 1916 (28) Benj. Sanderson 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 required of stillbirths before the fifth month of pregnancy.

Form No. 10. MAILING RESERVES FOR BONDING. WITH UNFADING 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.