

(1) PLACE OF BIRTH

County of Sumter
 Township of private

or
 Inc. Town of

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

74899

Registration District No. H. I. O. H. Registered No. 57
 (For use of Local Registrar)

(2) Full Name of Child. Sarah Emma McBride If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age in months 24 (7) DATE OF BIRTH Aug 6 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charley McBride

(9) PRESENT POSTOFFICE OF FATHER Lindal

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Sumter Co.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE alice Amos

(15) PRESENT POSTOFFICE OF MOTHER Lindal

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Sumter Co.

(19) OCCUPATION Wife, House and Farm work

(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 alive at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fannie + Pearson

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

Midwife Lindal

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness Thomas Brogdon

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

(27) Filed Aug 11 191..... (28) Jones 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.

MARGIN RESERVED FOR BINDING.

WRITE MAINLY, 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.

McCaw, of Columbia.