

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD, and mark the
 County of *Sumter*
 Township of *Providence*
 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.)
 (2) Full Name of Child *Lucy White*

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Sumter</i>		STATE OF SOUTH CAROLINA		87635	
Township of <i>Providence</i>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <i>4105</i>		Registered No. <i>159</i>	
or				(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 <i>Lucy White</i>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Nov 21 1916</i>	
FATHER.			MOTHER.		
(8) FULL NAME <i>Edward White</i>	(14) NAME BEFORE MARRIAGE <i>Lucy Smith</i>				
(9) PRESENT POSTOFFICE OF FATHER <i>Dalzell S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Dalzell S.C.</i>				
(10) COLOR OR RACE <i>Colored</i>	(11) AGE AT LAST BIRTHDAY <i>35</i>	(16) COLOR OR RACE <i>Colored</i>	(17) AGE AT LAST BIRTHDAY <i>25</i>		
(12) BIRTHPLACE <i>S.C.</i>	(18) BIRTHPLACE <i>S.C.</i>				
(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Domestic</i>				
(20) Number of children born to mother, including present birth <i>1 2</i>	(21) Number of children of this mother now living, including present birth <i>1 2</i>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>alive</i> at <i>E.P.M.</i> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Edward White</i>		(25) Address of Physician or Midwife <i>Dalzell S.C.</i>			
(24) State whether Physician or Midwife <i>Father</i>					
Given name added from a supplemental report		(26) Witness <i>Mrs. Eva Burkette</i>			
		(Signature of Witness necessary only when question 23 is signed by mark)			
		(27) Filed <i>Nov 27 1916</i> (28) <i>B. M. Langhlin</i> Local Registrar.			
19					
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.					

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.