

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WITH ENCLAVING ENCASE 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 9

(1) PLACE OF BIRTH

County of Sumter
 Township of
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

19584

Registration District No. 3500 Registered No. 78
 (For use of Local Registrar)

(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

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 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6-5-19
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME R. M. Davis

(14) NAME BEFORE MARRIAGE Miss Mary

(9) PRESENT POSTOFFICE OF FATHER Sumter

(15) PRESENT POSTOFFICE OF MOTHER Sumter

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

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

(23) (Signature) R. M. Davis

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

Given name added from a supplemental report

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

(27) Filed 7/1 19 22 (28) A. B. Martin 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.