

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, 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, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Charleston  
Township of James Island  
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

41367

Registration District No. 904 Registered No. 92  
(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 Louisa Sumner

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) Are Parents Married? yes (7) DATE OF BIRTH Dec. 9th  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME George Sumner  
(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C., R. 1  
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 32  
(Years)  
(12) BIRTHPLACE James Island  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Rta Sumner  
(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C., R. 1  
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 32  
(Years)  
(18) BIRTHPLACE James Island  
(19) OCCUPATION Farmer  
(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Emma Hamilton  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rt. 1 Charleston

Given name added from a supplemental report

R. Hamilton

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

John R. Seabrook Local Registrar

\*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths within the month of pregnancy.