

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.

**(1) PLACE OF BIRTH**

County of Sumter  
 Township of Privateer  
 OR  
 Inc. Town of .....  
 OR  
 City of ..... (No. .... St.; ..... Ward)  
 (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  
**87615**

Registration District No. H104 Registered No. 132  
 (For use of Local Registrar)

**(2) Full Name of Child** Donnell Hugh } 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 8, 1914  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Benjamin Hugh  
 (9) PRESENT POSTOFFICE OF FATHER Tindal S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE Charleston Co S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 9

**MOTHER.**

(14) NAME BEFORE MARRIAGE Allie Johnson  
 (15) PRESENT POSTOFFICE OF MOTHER Tindal S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Sumter Co S.C.  
 (19) OCCUPATION Housework  
 (21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at ..... 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Agress + Anderson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter S.C. R#2

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness S. B. Kolb  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov. 29, 1914. (28) Silas B. Kolb  
 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.