

(1) PLACE OF BIRTH

County of SumterTownship of Reefling Creekor
Inc. Town ofor
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

8764

Registration District No. 14106 Registered No. 127

(For use of Local Registrar)

(2) Full Name of Child Leary Alston { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 10, 1916</u>
<small>To be answered only in case of Twin or Triplet</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME Samuel Alston(9) PRESENT POSTOFFICE OF FATHER Rumbert(10) COLOR OR RACE Wyo (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Sumter Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Pinkney(15) PRESENT POSTOFFICE OF MOTHER Rumbert(16) COLOR OR RACE Wyo (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Sumter Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 6.....A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Judy Kiskley(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rumbert S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness W. C. Hadden

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

(27) Filed Nov 16, 1916 (28) W. C. Hadden 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.

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.

No. 1 of Columbia