

## (1) PLACE OF BIRTH

County of SumterTownship of Mayerville

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

79431

Registration District No. 4102Registered No. 105

(For use of Local Registrar)

## (2) Full Name of Child

Linna Mae Nesbitt

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 11 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Hampton Nesbitt

(9) PRESENT POSTOFFICE OF FATHER

Mayerville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

45

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Nesbitt

(15) PRESENT POSTOFFICE OF MOTHER

Mayerville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Wife

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

4

(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 Alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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

Oct 12 1916

(28)

W. G. Brown

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.