Form No. 3

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
53878

(1) PLACE OF BIRTH
County of Sumter
Township of .....
or
Inc. Town of .....
or
City of Sumter

Registration District No. 4A Registered No. 40
(For use of Local Registrar)
(No. 218 E Hampton Ave St.; 2 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?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	X	1	Yes	Mar. 26, 1916

FATHER.

(8) FULL NAME Edmund Smith
(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Darlington Co
(13) OCCUPATION Laborer
(20) Number of children born to this mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Bell
(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Darlington S.C.
(19) OCCUPATION Home Wife
(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 born alive at 9 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C W Maxwell

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
Physician	Sumter S.C.

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

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

(27) Filed Apr 1 1916 (28) W Gilbert Green
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.

218 E. Hampton Ave,

MARRIAGE RESERVED FOR INSERTING.
WHITE, 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. THIS OFFICE, No. 2, etc., in question 5.
Mc'w. of Columbia.