

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 .....

or  
Inc. Town of .....City of Sumter, S.C.

(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

74840

Registration District No. 4/A Registered No. 1088

(For use of Local Registrar)

St.; 2 Ward)(2) Full Name of Child Agnes Richardson Topp { If child is not yet named, make supplemental report as directed

(3) <del>BOY OR GIRL</del> <u>Girl</u>	(4) Twin <u>One</u> or Triplet?	(5) Number in <u>One</u> order of birth	(6) Are Parents <u>yes</u> Married?	(7) DATE OF BIRTH <u>Aug.</u> , <u>2</u> , 191 <u>6</u>
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To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

(8) FULL NAME <u>FATHER. Harvey Everett Topp</u>	(14) NAME BEFORE MARRIAGE <u>MOTHER. Landa Montgomery Richardson</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Winston Salem, N.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Winston Salem N.C.</u>
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(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
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(12) BIRTHPLACE <u>Nashville Tenn.</u>	(18) BIRTHPLACE <u>Sumter S.C.</u>
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(13) OCCUPATION <u>Book keeper</u>	(19) OCCUPATION <u>Housewife</u>
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(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:45:00 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Arthur Clifton

(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 Aug 14 1916 (28) W. J. McKee 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.