

(1) PLACE OF BIRTH

County of Sumter  
Township of Providence

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

57787

Inc. Town of Sumter Registration District No. 4128 Registered No. 43  
(For use of Local Registrar)  
City of Sumter (No. 1) St. W. W. Ward 1  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sam Wilson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 10</u> 191 <u>6</u> (Name of Month) (Day) (Year)
FATHER. <u>Ed Wade</u>			MOTHER. <u>Lizzie Wade</u>	
(8) FULL NAME <u>Ed Wade</u>			(14) NAME BEFORE MARRIAGE <u>Mary Wade</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.R.D.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.R.D.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

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) Effie Mae Anderson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Dargle S.C.

Given name added from a supplemental report all 3 1916  
Registrar

(26) Witness Mrs Eva Burkette  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed April 20 1916 (28) B. M. Laughlin 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.

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