

(1) PLACE OF BIRTH

County of Sumter
 Township of Sumter
 or
 Inc. Town of _____
 or
 City of _____

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

File No. — For State Registrar Only

79517

Registration District No. 4608Registered No. 146
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Samuel M^c Roy (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Boy (4) Twins or Triplets? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 11, 1911
 To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME Samuel M^c Roy(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE S.C.

(13) OCCUPATION _____

(20) Number of children born to mother, including present birth 8

MOTHER:

(14) NAME BEFORE MARRIAGE Beck M^c Roy(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Ivan Davis, per Registrar(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report

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

(27) FILED Sept. 11, 1911 (28) Ivan Davis 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.

(Copy from original in pencil.)