

FORM NO. 3.

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

or  
Inc. Town of .....City of Sumter

(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

91941

Registration District No. 41ARegistered No. 237

(For use of Local Registrar)

(No. 511 P. Main)St.; 3 Ward)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH

Dec. 4 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Sammie Maple

(9) PRESENT POSTOFFICE OF FATHER

Sumter S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

37 (Years)

(12) BIRTHPLACE

Sumter S.C.

(13) OCCUPATION

Deafman

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

{ 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE

Liona Mahoney

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

20 (Years)

(18) BIRTHPLACE

Sumter S.C.

(19) OCCUPATION

Domestic

(20) 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 alive at 11:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Duncan George

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeSumter 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

Dec 9 1916

(28)

W. J. McKagon

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.

MARGEN RESERVED FOR 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.