

(1) PLACE OF BIRTH

County of Sumter

Township of

Inc. Town of Sumter

City of

(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

87568

Registration District No. 41A Registered No. 223

(For use of Local Registrar)

(2) Full Name of Child Elizabeth Mathis { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 5 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam A. Mathis(9) PRESENT POSTOFFICE OF FATHER Sumter SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Indie E. Wingate(15) PRESENT POSTOFFICE OF MOTHER Sumter, SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(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 Alive at 11A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. H. Littlejohn(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter SC

Given name added from a supplemental report

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

(27) Filed Nov 6 1916 (28) H. H. Littlejohn 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.

McChow, of Columbia