

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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.

(From original in pencil.)

CITY OF COLUMBIA, S. C.		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		87580	
State Board of Health					
(1) PLACE OF BIRTH		County of <u>Sumter</u>		Registered No. <u>111</u>	
Township of <u>Sumter</u>		Inc. Town of <u>Sumter</u>		(For use of Local Registrar)	
or		Registration District No. <u>4100</u>			
City of <u>James</u>		(No. <u>James</u> St.; <u>James</u> Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Eleanor Dove</u>		If child is not yet named, make supplemental report as directed.			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No.</u>	(7) DATE OF BIRTH <u>Nov. 21, 1914.</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>Ostow Dove</u>	(14) NAME BEFORE MARRIAGE <u>Rene James</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter, S.C.</u>				
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>18</u>		
(12) BIRTHPLACE <u>Sumter, S.C.</u>		(18) BIRTHPLACE <u>Sumter, S.C.</u>			
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Farming</u>			
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>12</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Rene James</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Sumter, S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19 <u>Nov. 21</u> Registrar		(27) Filed <u>Nov. 21</u> 1914. (28) <u>Cal. O. 32 p. 10</u> 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.