

## (1) PLACE OF BIRTH

County of Sumter STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Roaming Creek State Board of Health

File No.—For State Registrar Only

87644

or  
 Inc. Town of ..... Registration District No. 4106 Registered No. 130  
 or  
 City of Sumter (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harwin Dinkins { 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 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 20, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Harwin Dinkins

(9) PRESENT POSTOFFICE OF FATHER Rumbout

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Sumter Co

(13) OCCUPATION Field Laborer

(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Drayton

(15) PRESENT POSTOFFICE OF MOTHER Rumbout

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Sumter Co

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William J. Sanders

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Rumbout

(26) Witness McHallen

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

(27) Filed Nov 29, 1916 (28) McHallen

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.

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT 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.  
 McGaw, of Columbia.