

(1) PLACE OF BIRTH

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

County of *Sumter*
Township of *Wofford Creek*
or
Inc. Town of
or
City of *Sumter*
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only

87644

(2) Full Name of Child *Harwin Dinkins* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>5</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Nov. 20, 1916</i> (Name of Month) (Day) (Year)
(8) FULL NAME <i>Harwin Dinkins</i> FATHER.		(14) NAME BEFORE MARRIAGE <i>Minnie Drayton</i> MOTHER.		
(9) PRESENT POSTOFFICE OF FATHER <i>Rumbout</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>Rumbout</i>		
(10) COLOR OR RACE <i>nyro</i>	(11) AGE AT LAST BIRTHDAY <i>30</i> (Years)	(16) COLOR OR RACE <i>nyro</i>	(17) AGE AT LAST BIRTHDAY <i>26</i> (Years)	
(12) BIRTHPLACE <i>Sumter Co</i>		(18) BIRTHPLACE <i>Sumter Co</i>		
(13) OCCUPATION <i>Field Labour</i>		(19) OCCUPATION <i>House Wife</i>		
(20) Number of children born to mother, including present birth <i>5</i>		(21) Number of children of this mother now living, including present birth <i>5</i>		

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.)

affd. 11/3/14 (23) (Signature) *William J. Sanders*

(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Rumbout*

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

(27) Filed *Nov 26, 1916* (28) *McHallen*
Registrar Local Registrar

Given name added from a supplemental report
..... 191.....
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 McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.