

(1) PLACE OF BIRTH

County of Sumter
Township of Sumter
or
Inc. Town of
or
City of (No. St.; Ward)
(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

74948

Registration District No. 4108 Registered No. 7051
(For use of Local Registrar)

(2) Full Name of Child Vernell Duwant { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 13, 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Ellie Duwant

(14) NAME BEFORE MARRIAGE Evelyn M. Fisher

(9) PRESENT POSTOFFICE OF FATHER Oswego, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Oswego, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Sumter, S.C.

(18) BIRTHPLACE Sumter, S.C.

(13) OCCUPATION Farming

(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 9

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Cash, per registrar

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Oswego, 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 Aug. 18, 1914 (28) W. A. Cash 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. McCaw, of Columbia.

(Copy from original in hand.)