

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.

(1) PLACE OF BIRTH County of <u>Marlboro</u>		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 73900	
Township of		Inc. Town of <u>Remmelsville</u>		Registration District No. <u>33-A</u>	
or		or		Registered No. <u>72</u>	
City of		(No. St.; Ward)		(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 <u>Dietrice Fredia Sugar</u>				If child is not yet named, make supplemental report as directed	
(3) Boy or GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 31</u>	<u>1914</u>
			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Julius Sugar</u>			(14) NAME BEFORE MARRIAGE <u>Sara Miller</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Bennettsville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bennettsville S.C.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Russia</u>			(18) BIRTHPLACE <u>Baltimore Md</u>		
(13) OCCUPATION <u>Merchant</u>			(19) OCCUPATION <u>None</u>		
(20) Number of children born to mother, including present birth { <u>Two</u> }			(21) Number of children of this mother now living, including present birth { <u>Two</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>4</u> <u>A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>A. S. Townsend</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness		
....., 191....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... Registrar			(27) Filed <u>Sept 6</u> 191.... (28) <u>W. W. Pate</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.