

FORM NO. 5. 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.

(1) PLACE OF BIRTH

County of *Sumter*

Township of

Inc. Town of

City of *Sumter*

(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

83592

Registration District No. *41A* Registered No. *192*

(For use of Local Registrar)

(No. *450 P. Sumter St.* St.; *3* Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) ~~BOY~~ *Boy* (4) Twin or Triplet *X* (5) Number in order of birth *27* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Oct 28 1916*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Benj Brock*

(9) PRESENT POSTOFFICE OF FATHER *Sumter SC 450 P. Sumter St.*

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

(12) BIRTHPLACE *Sumter Co SC*

(13) OCCUPATION *Carpenter*

(20) Number of children born to mother, including present birth *8*

MOTHER.
(14) NAME BEFORE MARRIAGE *Josephine Fendall*

(15) PRESENT POSTOFFICE OF MOTHER *450 P. Sumter St.*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *28* (Years)

(18) BIRTHPLACE *Sumter Co SC*

(19) OCCUPATION *House wife*

(21) Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *4 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *C. V. Maxfield*

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

Physician Sumter SC

Given name added from a supplemental report

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Registrar

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

(27) Filed *Nov 7 1916* (28) *M. J. Jackson* 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.