

(1) PLACE OF BIRTH

County of Sumter
 Township of Private
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
91986

Registration District No. 4104 Registered No. 138
 (For use of Local Registrar)
 (No. St.; Ward)

(2) Full Name of Child Manuel Boyd (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Parents Married? Yes (7) DATE OF BIRTH Dec 11, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Edward Boyd
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C. R#2
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21
 (12) BIRTHPLACE Sumter S.C.
 (13) OCCUPATION Farm Laborer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Rosa Butler
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. R#2
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17
 (18) BIRTHPLACE Sumter S.C.
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Birth or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jamies S. Smith
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Sumter S.C. R#2

Given name added from a supplemental report

(26) Witness A. B. Roth (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 11, 1916 (28) Silas B. Roth 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.

K. O. D. A. K. S. A. E.