(1) PLACE OF BIRTH

County of Sumter

Township of Privateer

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: 91991

Registration District No. 4104 Registered No. 145

(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 18, 1916 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Elic L. Osteen

(9) PRESENT POSTOFFICE OF FATHER Jindal S.C R#1

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Sumter Co S.C

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Mollie McLeod

(15) PRESENT POSTOFFICE OF MOTHER Jindal S.C R#1

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Sumter Co S.C

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

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) E. Luna Osteen

(24) State whether Physician or Midwife Father

(25) Address of Physician or Midwife Jindal S.C R#1

Given name added from a supplemental report .....

..... 19 .....

Registrar

(26) Witness S. B. Holt

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

(27) Filed Dec 27, 1916 (28) Silas B. Holt

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.