

WHERE PLAINLY, WITH UNFADEING 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.

(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  
**54027**

Registration District No. 4302 Registered No. 27  
 (For use of Local Registrar)

(2) Full Name of Child Alfain S. Chas. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE BIRTH Mar 30 6  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Wm. Satter  
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C.  
 (10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY ..... (Years)  
 (12) BIRTHPLACE Sumter S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Minnie Wilson  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.  
 (16) COLOR OR RACE ..... (17) AGE AT LAST BIRTHDAY ..... (Years)  
 (18) BIRTHPLACE Sumter S.C.  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Wm. Satter  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter 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 Mar 30 1916 (28) Wm. Satter 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.  
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