

(1) PLACE OF BIRTH

County of Berkley
 Township of 1st District
 or
 Inc. Town of
 or
 City of
 (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
63263

Registration District No. 255 Registered No. 37
 (For use of Local Registrar)

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

(3) SEX OR Girl (4) Twin or Triplet? (5) Number in order of birth (6) Married (7) DATE OF BIRTH June 22, 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Robus Sumpster
 (9) PRESENT POSTOFFICE OF FATHER Pineville, N.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE N.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Rosina Small
 (15) PRESENT POSTOFFICE OF MOTHER Pineville, N.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE N.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. J. Judge
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Pineville, N.C.

Given name added from a supplemental report

(26) Witness John T. Tolson
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled June 23, 1916 (28) R. C. Thompson 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.

WHITE PLAINLY. WITH IN-PAID 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.