

Form No. 10. AUGUST 1915. REVISED 1915. PRINTING. N. H. - In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

(1) PLACE OF BIRTH

County of *Horry*

Township of *Little River*

Incl. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. *43286* For State Registrar Only

Registration District No. *2507* Registered No. *36*  
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

2. Full Name of Child *Thomas Sumpter Stump* If child is not yet named, make supplemental report as directed

BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth *6* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec 1 1915*  
(Name of Month) (Day) (Year)

FATHER.

FULL NAME *L. B. Stump*

PRESENT POSTOFFICE OF FATHER *Wagram SC*

COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *32*  
(Years)

BIRTHPLACE *Lowry Co. SC*

OCCUPATION *Farmer*

Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ever Thomas*

(15) PRESENT POSTOFFICE OF MOTHER *Stump SC*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *27*  
(Years)

(18) BIRTHPLACE *Lowry Co. SC*

(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 *8:40 A.M.* on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Edw. J. Stump*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Little River SC*

Given name added from a supplemental report

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

(27) Filed *Dec 7 1915* (28) *L. J. Stump* 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.

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.