

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>87593</b>
County of <u>Sumter</u>		Registration District No. <u>4102</u>		Registered No. <u>183</u> (For use of Local Registrar)
Township of <u>Mayeville</u>		City of _____ (No. _____ St.; _____ Ward)		
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				
(2) Full Name of Child <u>Samuel M. Isaac</u> <span style="float: right;">If child is not yet named, make supplemental report as directed</span>				
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ To be answered only in event of Twins or Triplets	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 9, 1906</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Jefferson Isaac</u>		(14) NAME BEFORE MARRIAGE <u>Edith Muldrow</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Mayeville S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Mayeville S.C.</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
(22) I hereby certify that I attended the birth of this child, who was _____ at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>Amelia S. Muldrow</u>		(25) Address of Physician or Midwife <u>Mayeville</u>		
(24) State whether Physician or Midwife _____		(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)		
Given name added from a supplemental report _____		(27) Filed <u>Nov 11, 1906</u> (28) <u>W. G. Thomas</u> Local Registrar		
_____, 19____ 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.