

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
50552

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town of

or
City of Sumter

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

Registration District No. 419

Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child Boy M. Donald

If child is not yet named, make supplemental report as directed

(3) <u>BOY OR GIRL?</u>	(4) <u>Twins or Triplets?</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 13 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Mass M. Donald

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Sumter Co.

(13) OCCUPATION Logging

(20) Number of children born of mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Jenkins

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Sumter Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M., on the date above stated. (Born alive or otherwise) (Hour A. M. or P. M.)

(23) (Signature) Chas. J. Lunsford

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Sumter S.C.

Given name added from a supplemental report

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

(27) Filed Feb 19 1916 (28) W. J. McKague 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.

SOUTH CAROLINA BUREAU OF VITAL STATISTICS
 WHEN FILLING IN THIS IS A PRELIMINARY REPORT
 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