

(1) PLACE OF BIRTH

County of Sumter

Township of Providence

or
Inc. Town of
or

City of (No. SL; 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

50585

Registration District No. 4108 Registered No. 21

(For use of Local Registrar)

(2) Full Name of Child Samuel A. Driven } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Oct 5</u> ^{yr} <u>51</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ballie Dease Jr.

(9) PRESENT POSTOFFICE OF FATHER Darzell N.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Driven

(15) PRESENT POSTOFFICE OF MOTHER Darzell N.C.

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

(18) BIRTHPLACE N.C.

(19) OCCUPATION Domestic

(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 alive at 6-P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Staley Sumter

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

Given name added from a supplemental report

(26) Witness Mrs Eva Burkette

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

(27) Filed Oct 5 1915 (28) B. M. Laughlin 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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Form No. 10. MARRIAGE LICENSES AND BIRTH RECORDS. WHITE 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.

McCraw, of Columbia

McCraw