

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		70604	
Township of <u>Providence</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>4108</u>		Registered No. <u>97</u>	
(No. St.; Ward)		(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 <u>Bina Mae Duffie</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 28, 1916</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Dave Mae Duffie</u>			(14) NAME BEFORE MARRIAGE <u>Rebecca Windham</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Usuego S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Usuego S. C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</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 <u>Alive</u> at <u>5:30</u> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
M. B. W. affd. 5/17/43		(23) (Signature) <u>Bina Mae Windham</u>		(25) Address of Physician or Midwife <u>Usuego S. C.</u>	
		(24) State whether Physician or Midwife <u>Midwife</u>			
Given name added from a supplemental report		(26) Witness <u>Mrs Eva Burkette</u>		(27) Filed <u>July 6, 1916</u>	
		(Signature of Witness necessary only when question 23 is signed by mark)		(28) <u>B. M. Laughlin</u> 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.