

FORM NO. 3.

(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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91950

Registration District No. 41A Registered No. 247  
(For use of Local Registrar)

City of Sumter (No. Liberty St St.; 2 Ward)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Richard Peterson

(14) NAME BEFORE MARRIAGE Janie Wright

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

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

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 37 (Years)

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Sumter Co. S. C.

(18) BIRTHPLACE Sumter Co. S. C.

(13) OCCUPATION Public Work

(19) OCCUPATION Laundry work

(20) Number of children born to mother, including present birth { 10 }

(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 alive at 2:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maria Harris

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife 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 Dec 16 1916 (28) W. J. McRagon 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.

NEARLY ALL BIRTHS ARE REGISTERED IN THIS STATE. THE REGISTRAR OF VITAL STATISTICS HAS THE HONOR OF RECEIVING THE ORIGINAL BIRTH CERTIFICATE FOR EACH CHILD, AND UNDER THE PROVISIONS OF THE ACT OF MARCH 2, 1901, THE REGISTRAR HAS THE HONOR OF ISSUING TO EACH PARENT A COPY OF THE ORIGINAL BIRTH CERTIFICATE. THE REGISTRAR HAS THE HONOR OF ISSUING TO EACH PARENT A COPY OF THE ORIGINAL BIRTH CERTIFICATE. THE REGISTRAR HAS THE HONOR OF ISSUING TO EACH PARENT A COPY OF THE ORIGINAL BIRTH CERTIFICATE.