

FORM NO. 3.

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

or

Inc. Town of .....

or

City of Sumter

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

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Richard Peterson

(9) PRESENT POSTOFFICE OF FATHER

Sumter S. C.

(10) COLOR OR RACE

Col(11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE

Sumter Co., S. C.

(13) OCCUPATION

Public Work

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

{ 6 }

## MOTHER.

(14) NAME BEFORE MARRIAGE

Janie Wright

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S. C.

(16) COLOR OR RACE

Col(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE

Sumter Co., S. C.

(19) OCCUPATION

Laundry work

(20) 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 28 1916 (28) W. J. McKagan 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.

NEVER SIGN THIS CERTIFICATE UNTIL YOU HAVE BEEN EXAMINED BY A PHYSICIAN OR MIDWIFE. IN THE CASE OF STILLBIRTHS, THE CERTIFICATE MUST BE SIGNED BY A PHYSICIAN OR MIDWIFE. IN THE CASE OF LIVING CHILDREN, THE CERTIFICATE MUST BE SIGNED BY A PHYSICIAN OR MIDWIFE. IN THE CASE OF LIVING CHILDREN, THE CERTIFICATE MUST BE SIGNED BY A PHYSICIAN OR MIDWIFE. IN THE CASE OF LIVING CHILDREN, THE CERTIFICATE MUST BE SIGNED BY A PHYSICIAN OR MIDWIFE.