

(1) PLACE OF BIRTH

County of SumterTownship of Columbiaor
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

87502

Registration District No. 4100Registered No. 113
(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 Elizabeth Francis If child is not yet named, make supplemental report as directed(3) SEX OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 5, 1906
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Samuel Francis(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE S.C. Columbia(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER

(15) NAME BEFORE MARRIAGE Sibby Mack(16) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(17) COLOR OR RACE negro (18) AGE AT LAST BIRTHDAY 28 (Years)(19) BIRTHPLACE Sumter Co. S.C.(20) 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 born normal at 3:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. M. Meadows(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife / Sumter, S.C.

Give name added from a supplemental report

(26) Witness J. D. Newman
(Signature of Witness necessary only when question 23 is signed by marks)(27) Filed 11/24 1906 (28) A. J. Newman
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.

DO NOT SIGN THIS CERTIFICATE UNTIL THE CHILD IS BORN. IF THE CHILD IS BORN DEAD, 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.