

(1) PLACE OF BIRTH
 County of Sumter
 Township of Stabery
 OR
 Inc. Town of
 OR
 City of (No. St.; 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
74965

Registration District No. 409 Registered No. 80
 (For use of Local Registrar)
 (2) Full Name of Child Annabelle Logan } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 24, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Major Logan
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C.R.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth } Six

MOTHER.
 (14) NAME BEFORE MARRIAGE Sophie Cooper
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. 43
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Home & field work
 (21) Number of children of this mother now living, including present birth } Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Thompson
 (24) State whether Physician or Midwife } Midwife (25) Address of Physician or Midwife } Dalzell S.C.

Given name added from a supplemental report
, 191...
, 191...
 Registrar

(26) Witness A. F. Neyle
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Aug 25 1916.. (28) A. F. Neyle 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.

MARGIN RESERVED FOR BINDING.

WRITE MAINLY, 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.

McCaw, of Columbia.