

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.  
 DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter  
 Township of Stateburg  
 or  
 Inc. Town of .....

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

87675

Registration District No. 4109 Registered No. 108  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Weather (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? no (7) DATE OF BIRTH Nov 18, 1916  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME .....  
 (9) PRESENT POSTOFFICE OF FATHER .....  
 (10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY ..... (Years)  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION .....  
 (20) Number of children born to mother, including present birth 2

MOTHER.  
 (14) NAME BEFORE MARRIAGE Sarah Weather  
 (15) PRESENT POSTOFFICE OF MOTHER Claremont S. C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY about 19 (Years)  
 (18) BIRTHPLACE Sumter Co.  
 (19) OCCUPATION Farm laborer  
 (21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) X Gilke Howard  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Claremont S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

1916 Registrar Nov 20 1916 (27) Filled Ben Sandhu (28) 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.