

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.  
 Cal. of Columbia

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

County of Sumter

STATE OF SOUTH CAROLINA.

Township of Mayville

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
 44763

Inc. Town of

Registration District No. 4102

Registered No. 113  
 (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 Lillian Maurer

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 Dec 7  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Maurer

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

(10) COLOR OR RACE Wegw (11) AGE AT LAST BIRTHDAY 35  
 (Years)

(12) BIRTHPLACE Sumter S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Cooper

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

(16) COLOR OR RACE Wegw (17) AGE AT LAST BIRTHDAY 29  
 (Years)

(18) BIRTHPLACE Sumter S.C.

(19) OCCUPATION Housewife

(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 at 1 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. L. Muldrow

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Mayville

Given name added from a supplemental report

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

(27) Filed Jan 10 1916. (28) W. G. Shouse  
 Registrar 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.

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