

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.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 County of Sumter Bureau of Vital Statistics  
 Township of Mayville State Board of Health  
 Inc. Town of ..... Registration District No. 4102 Registered No. 113  
 City of ..... (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.)

File No.—For State Registrar Only  
**44763**

(2) Full Name of Child Lillie Maurer } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 7 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>George Maurer</u>	(14) NAME BEFORE MARRIAGE <u>Ruth Cooper</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Mayville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mayville S.C.</u>			
(10) COLOR OR RACE <u>Wegon</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>Wegon</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Sumter S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Sumter S.C.</u>	(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>3</u>			

**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) Mattie Mulder  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayville

(26) Witness Cybil 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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Given name added from a supplemental report  
 ..... 191.....  
 Registrar