

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.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>83644</b>
County of <u>Sumter</u> Township of <u>Middleton</u> or Inc. Town of ..... or City of .....		Registration District No. <u>4103</u> Registered No. <u>73</u> (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 <u>Bertha Capers</u> If child is not yet named, make supplemental report as directed				
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 9, 1906</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Charlie Capers</u>		(14) NAME BEFORE MARRIAGE <u>Mary Gardner</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wedgfield</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Wedgfield</u>		
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>24</u>	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>	
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>South Carolina</u>		
(13) OCCUPATION <u>Laborer</u>		(19) OCCUPATION <u>Laborer</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>				
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>Charlotte Carter</u>		(25) Address of Physician or Midwife <u>Wedgfield</u>		
(24) State whether Physician or Midwife <u>Midwife</u>		(26) Witness <u>M. L. Parker</u> (Signature of Witness necessary only when question 23 is signed by mark)		
Given name added from a supplemental report		(27) Filed <u>Oct 26, 1906</u> (28) <u>M. L. Parker</u> 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.