

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH,

County of Sumter

Township of Sumter

or
Inc. Town of Sumter

or
City of Sumter

(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

44884

Registered No. 52

(For use of Local Registrar)

St.; Sumter Ward

(2) Full Name of Child

(3) BOY OR GIRL? Girl

(4) Twin or triplet?

(5) Number in order of birth 12

(6) Are Parents Married?

(7) DATE OF BIRTH Dec. 1, 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Harrison

(9) PRESENT POSTOFFICE OF FATHER Sumter

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 45

(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Miss L. C. Jones

(15) PRESENT POSTOFFICE OF MOTHER Sumter

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 41

(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 3 P. M., (Hour A. M. or P. M.) (Born alive or stillborn)

(23) (Signature) Dr. J. H. Smith

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

Given name added from a supplemental report

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

(27) Filed Dec. 5, 1915 (28) J. H. Smith 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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