

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
County of Sumter
Township of Providence
or
Inc. Town of
or
City of (No. St.; Ward)
(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
87683

Registration District No. 4105 Registered No. 157
(For use of Local Registrar)

(2) Full Name of Child Mary Jane McMillian If child is not yet named, make supplemental report as directed

| | | | | |
|------------------------------|---|--|-------------------------------------|--|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets | (5) Number in order of birth: <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Nov. 19, 1916</u> (Name of Month) (Day) (Year) |
|------------------------------|---|--|-------------------------------------|--|

| | | | |
|--|---|---|--|
| FATHER. | | MOTHER. | |
| (8) FULL NAME <u>Scipio McMillian</u> | (14) NAME BEFORE MARRIAGE <u>Alma Rembert</u> | (9) PRESENT POSTOFFICE OF FATHER <u>Providence S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Providence S.C.</u> |
| (10) COLOR OR RACE <u>Colored</u> | (11) AGE AT LAST BIRTHDAY <u>22</u> | (16) COLOR OR RACE <u>colored</u> | (17) AGE AT LAST BIRTHDAY <u>21</u> (Years) |
| (12) BIRTHPLACE <u>S.C.</u> | (18) BIRTHPLACE <u>S.C.</u> | (13) OCCUPATION <u>Farmer</u> | (19) OCCUPATION <u>Domestic</u> |
| (20) Number of children born to mother, including present birth <u>1</u> | (21) Number of children of this mother now living, including present birth <u>1</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Mark Grant
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Providence S.C.

Given name added from a supplemental report: _____

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

19 Nov 22 19 16 Registrar B. McLaughlin
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.