

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA** Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only

66416

(1) PLACE OF BIRTH

County of *Sumter*
Township of *Walter*or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *4104* Registered No. *69*
(For use of Local Registrar)

(2) Full Name of Child

Marion Lafayette Compton

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 28, 1916

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

Frank Compton

(14) NAME BEFORE MARRIAGE

Bertha Pritchard

(9) PRESENT POSTOFFICE OF FATHER

Sumter A.C.R.#2

(15) PRESENT POSTOFFICE OF MOTHER

Sumter A.C.R.#2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28 (Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19 (Years)

(12) BIRTHPLACE

Sumter Co. S.C.

(18) BIRTHPLACE

Sumter Co. S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

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

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *Sumter, S.C.* on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) *Agnes Anderson*

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

Midwife Sumter A.C.R.#2

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

W. B. Holt(26) File *June 28, 1916* (27) *W. B. Holt* 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.