

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

66443

County of SumterTownship of Walling CreekInc. Town of SumterRegistration District No. 14:06 Registered No. 57

(For use of Local Registrar)

City of Sumter (No. 14:06 St. 57 Ward)

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

2) Full Name of Child Sadie Halloway If child is not yet named, make supplemental report as directed

BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 17 1916</u>
(Name of Month) (Day) (Year)				

## FATHER.

(8) FULL NAME John Halloway(9) PRESENT RESIDENCE Sumter S.C.(10) COLOR Ways (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Sumter Co(13) OCCUPATION Field Laborer(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Sadie Wright(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR Ways (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Sumter Co(19) OCCUPATION House Wife(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 AM on the date above stated. (Hour A. M. or P. M.)(23) (Signature) S. Halloway(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter S.C.(26) Witness W. Halloway(27) Filled July 8 1916 (28) W. Halloway Local Registrar.

Given name added from a supplemental report

191

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.

fifth month of pregnancy.

Form No. 10.  
 SUMTER PLAIN, WITH A SPACE FOR THE SIGNATURE OF THE REGISTRAR.  
 N. B.—In case of TWINS OR TRIPLETS use a separate card for each child, and attach the  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc. in question 2.