

(1) PLACE OF BIRTH

County of Sumter

Township of Stateburg

Inc. Town of

City of

(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

50623

Registration District No. 4109

Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child Pied unnamed

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? Twins (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 4, 1916

FATHER.

(8) FULL NAME Walter Brown

(9) PRESENT POSTOFFICE OF FATHER Dalzell S. C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Richland Co. S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Licie Ann Turner

(15) PRESENT POSTOFFICE OF MOTHER Dalzell S. C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Richland Co. S. C.

(19) OCCUPATION Farm laborer

(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 alive at the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 3 P.

(23) (Signature) Phyllis Durant

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dalzell S. C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb 5, 1916 (28) Benj Sanelus 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.

FORM NO. 10. MANUFACTURED BY THE UNITED STATES GOVERNMENT. PRINTED AT THE GOVERNMENT PRINTING OFFICE: 1915. THIS IS A PAMPHLET-BLANK FOR EACH CHILD, AND MARK THE APPROPRIATE SPACES. WHEN USE ADDED FROM A SUPPLEMENTAL REPORT, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE APPROPRIATE SPACES. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK NO. 2, ETC. IN QUESTION 3. FIRST-BORN, NO. 1. THIS OFFICIAL NO. 2, ETC. IN QUESTION 3. M.C.W.V., of Columbia