

(1) PLACE OF BIRTH

County of Sumter
 Township of Sumter
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
16900

Registration District No. 41.9.4 Registered No. 621
 (For use of Local Registrar)

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

(2) Full Name of Child

Julius Cayce Jr.

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

Julius Cayce

(9) PRESENT POSTOFFICE OF FATHER

Sumter Co. S.C.

(10) COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

13

(12) BIRTHPLACE

Sumter Co. S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Mary W. W. W.

(15) PRESENT POSTOFFICE OF MOTHER

Sumter Co. S.C.

(16) COLOR OR RACE

Caucasian

(17) AGE AT LAST BIRTHDAY

27

(18) BIRTHPLACE

Sumter Co. S.C.

(19) OCCUPATION

Housewife

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

Five

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

[Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

[Signature]

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

(27) Filed

1.4.1904

(28)

[Signature]

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.