

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. 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.  
 McGraw-Hill Publishing Co., New York, N. Y.

(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

16890

Registration District No. H. I. D. 4 Registered No. 61  
 (For use of Local Registrar)

(2) Full Name of Child

Shamus Allen

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 May 12, 1912  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Solomon Allen  
 (9) PRESENT POSTOFFICE OF FATHER Sumter, S. C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)  
 (12) BIRTHPLACE Sumter, S. C.  
 (13) OCCUPATION Tanning  
 (20) Number of children born to mother, including present birth Six

MOTHER.  
 (14) NAME BEFORE MARRIAGE Mary Johnson  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter, S. C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE Smithville, S. C.  
 (19) OCCUPATION House Keeping  
 (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at H. I. D. 4 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Dr. W. H. Johnson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter, S. C.

Given name added from a supplemental report

(26) Witness Dr. W. H. Johnson (Signature of Witness necessary only when question 23 is signed by mother)  
 (27) Filed May 15, 1912 (28) W. H. Johnson 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.