

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. 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.  
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

87645

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

County of Sumter

Township of Poplar Creek

or

Inc. Town of .....

or

City of .....

Registration District No. 4106 Registered No. 132

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child Delia Cumming

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? no (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 30<sup>th</sup> 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Boryard Cummings

(14) NAME BEFORE MARRIAGE Delia Murry

(9) PRESENT POSTOFFICE OF FATHER Rumbert

(15) PRESENT POSTOFFICE OF MOTHER Rumbert

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Sumter Co

(18) BIRTHPLACE Sumter Co

(13) OCCUPATION Field Labourer

(19) OCCUPATION House Wife

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

(23) (Signature) Murray & Clays

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Rumbert

Given name added from a supplemental report

(26) Witness W. H. Haller  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 30 1916 (28) W. H. Haller 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.