

(1) PLACE OF BIRTH

County of SumterTownship of Sumter

or

Inc. Town of

or

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

79524

Registration District No. 4108 Registered No. 153
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Benjamin Waiter { If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth 9(6) Are
Parents
Married? yes(7) DATE OF Sept. 30 1916
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEJames Waiter(9) PRESENT
POSTOFFICE
OF FATHERSumter Co.(10) COLOR
OR
RACEBrown(11) AGE AT LAST
BIRTHDAY 49
(Years)

(12) BIRTHPLACE

Greenswamp

(13) OCCUPATION

Labourer

MOTHER.

(14) NAME BEFORE
MARRIAGESusan Gilbard(15) PRESENT
POSTOFFICE
OF MOTHERSumter(16) COLOR
OR
RACEBrown(17) AGE AT LAST
BIRTHDAY 48
(Years)

(18) BIRTHPLACE

Greenswamp

(19) OCCUPATION

House wife(20) Number of children born to
mother, including present birth9(21) Number of children of this mother
now living, including present birth3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Sept 30 at 12 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Blanca Gardner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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Registrar

(26) Witness

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

(27) Filed

Oct 1 1916

(28)

W. B. E. P.
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.