

(1) PLACE OF BIRTH

County of Sumter S.C.
 Township of Sumter S.C.
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

74957

Registration District No. 4108 Registered No. 125
 (For use of Local Registrar)
 City of (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 { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Aug. 27, 1914</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Isaac Miller
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Sumter S.C.
 (13) OCCUPATION Labor
 (20) Number of children born to mother, including present birth four

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Nixon
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 38 (Years)
 (18) BIRTHPLACE Sumter S.C.
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bonelia Albert(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Sumter S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 1, 1914 (28) Wm. D. ... 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.

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. McCaw, of Columbia.