

(1) PLACE OF BIRTH

County of *Sumter*Township of *Walter*

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

5340

Registration District No. *1. P. 4* Registered No. *11*

(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 *David*

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Feb. 16, 1913</i> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME *Jerry S. Sumner*(9) PRESENT POSTOFFICE OF FATHER *Walter, S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *29* (Year)(12) BIRTHPLACE *Sumter Co., S.C.*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *Three*

MOTHER

(14) NAME BEFORE MARRIAGE *Estelle Ann*(15) PRESENT POSTOFFICE OF MOTHER *Walter, S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *25* (Year)(18) BIRTHPLACE *Sumter Co., S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *Harriet J. [illegible]*

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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by nurse)

(27) Filed *Feb. 24, 1913* (28) *[illegible]* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is needed of children before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM EACH CHILD, AND MARK ON FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 1, Name of Child, give name of child.

Bureau of Vital Statistics, Columbia, S. C.