

(1) PLACE OF BIRTH

County of *Sumter*

Township of

or
Inc. Town ofCity of *Sumter*

(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

74853

Registration District No. *44A*Registered No. *142*

(For use of Local Registrar)

(2) Full Name of Child *Gloss Wells*

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

(3) ~~Boy or~~
GIRL? *Girl*(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth *4*(6) Are
Parents
Married? *Yes*

(7) DATE OF

BIRTH *Aug. 18, 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME *J. B. Wells*(9) PRESENT
POSTOFFICE
OF FATHER *Sumter S.C.*(10) COLOR
OR
RACE *White*(11) AGE AT LAST
BIRTHDAY *48*

(Years)

(12) BIRTHPLACE *Sumter Co.*(13) OCCUPATION *Farmer*(20) Number of children born to
mother, including present birth *4*

MOTHER.

(14) NAME BEFORE
MARRIAGE *Pauline Jennings*(15) PRESENT
POSTOFFICE
OF MOTHER *Sumter S.C.*(16) COLOR
OR
RACE *White*(17) AGE AT LAST
BIRTHDAY *29*

(Years)

(18) BIRTHPLACE *Sumter Co.*(19) OCCUPATION *Domestic*(21) Number of children of this mother
now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Chas. L. Jennings*

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

Physician | *Sumter S.C.*Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *Apr 19 1916*

(28)

W. J. McKee
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.