

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.

(1) PLACE OF BIRTH

County of Sumter
Township of Roosting Creekor
Inc. Town ofor
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

74920

Registration District No. 4166 Registered No. 89
(For use of Local Registrar)(2) Full Name of Child. Flora Sammons { 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 case of Twins or Triplets

(5) Number in order of birth 2(6) Are Parents Married? no(7) DATE OF BIRTH Aug. 18, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Daniel Knowl

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE ✓(11) AGE AT LAST BIRTHDAY ✓

(Years)

(12) BIRTHPLACE ✓(13) OCCUPATION ✓(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Sammons(15) PRESENT POSTOFFICE OF MOTHER Hazood S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE Sumter Co(19) OCCUPATION Field Laborer(21) Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emiline T. James

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

Mid wife Hazood S.C.

Given name added from a supplemental report

(26) Witness W. E. Hallen
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 18, 1916 (28) W. E. Hallen
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.