

WHEN BLANK, 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.

(1) PLACE OF BIRTH County of <u>Sumter</u> Township of <u>Providence</u> or Inc. Town of ..... or City of ..... (No. .... St.; .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>83666</b>	
(2) Full Name of Child <u>Gardina Durant</u>		Registered No. <u>136</u> (For use of Local Registrar)			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 19, 1916</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b> (8) FULL NAME <u>Moultrie Durant</u> (9) PRESENT POSTOFFICE OF FATHER <u>Sumter S. C.</u> (10) COLOR OR RACE <u>colored</u> (11) AGE AT LAST BIRTHDAY <u>22</u> (Years) (12) BIRTHPLACE <u>S. C.</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>1</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Janie Jackson</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S. C.</u> (16) COLOR OR RACE <u>colored</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (Years) (18) BIRTHPLACE <u>S. C.</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> ..... at <u>S. P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Ellen M. Swinton</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report ..... ..... .....		(26) Witness <u>Mrs. Eva Burkette</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Oct 30, 1916</u> (28) 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 or submitted before the fifth month of pregnancy.					