

WHEN BLANK, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 Sumter  
Township of Providence  
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

83666

Registration District No. 4105 Registered No. 136  
(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 Gardina Durant (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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 19 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Moultrie Durant  
(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.  
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 22 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Janie Jackson  
(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic  
(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 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen M. Swinton  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report .....  
(26) Witness Mrs. Eva Burkette  
(27) Filled Oct 30 1916 (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 stillbirths before the fifth month of pregnancy.

SOUTH CAROLINA, COLUMBIA, S. C.