

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

87648

(1) PLACE OF BIRTH

County of Sumter  
Township of Providence  
or  
Inc. Town of.....  
or  
City of.....

Registration District No. H.10.5 Registered No. 152  
(For use of Local Registrar)

(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 Eddie Pete {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No.</u>	(5) Number in order of birth	(6) Are Parents Married? <u>No.</u>	(7) DATE OF BIRTH <u>Nov. 6, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME Ben Pete

(14) NAME BEFORE MARRIAGE Georgiana Jackson

(9) PRESENT POSTOFFICE OF FATHER unknown

(15) PRESENT POSTOFFICE OF MOTHER Providence S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 80  
(Years)

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18  
(Years)

(12) BIRTHPLACE unknown

(18) BIRTHPLACE S.C.

(13) OCCUPATION unknown

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(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 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Eva Grant

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Providence S.C.

Given name added from a supplemental report

(26) Witness Mrs. Eva Bankette  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov. 11, 1916 (28) B. M. Langhain  
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.

MADE IN U.S.A. PRESERVED FOR BLENDED. 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.