

MARGIN RESERVED FOR BINDING.

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA.		74861	
Township of <u>Sumter</u>		Bureau of Vital Statistics			
Inc. Town of <u>Sumter</u>		State Board of Health			
City of <u>Sumter</u>		Registration District No. <u>41A</u>		Registered No. <u>155</u>	
(If birth occurs in a hospital or other institution, give name of same)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Maggie Wilson</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Aug 30</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME			(14) NAME BEFORE MARRIAGE <u>Anna Wilson</u>		
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>		
(10) COLOR OR RACE <u>colored</u>			(16) COLOR OR RACE <u>colored</u>		
(11) AGE AT LAST BIRTHDAY (Years)			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(12) BIRTHPLACE			(18) BIRTHPLACE <u>Sumter</u>		
(13) OCCUPATION			(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth { <u>1</u> }			(21) Number of children of this mother now living, including present birth { <u>1</u> }		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> , at <u>5</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>med. prof. Linda Gilman</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Sumter S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191....			<u>SPR 4 6</u> (27) Filed <u>1916</u> (28) <u>W. J. McKeen</u> Local Registrar		
..... 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.