

(1) PLACE OF BIRTH
 County of Sumter
 Township of

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

File No.—For State Registrar Only
79403

or
 Inc. Town of Registration District No. 41A Registered No. 173
 (For use of Local Registrar)
 or
 City of Sumter (No. N. Washington St.; 2 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

If child is not yet named, make supplemental report as directed

(2) Full Name of Child.....

(3) BOY OR GIRL? Inf (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept, 3, 1916
To be answered only in case of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John B. Heavon
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Darlington Co. S.C.
 (13) OCCUPATION Democrat
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Marie Binstow
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Darlington Co. S.C.
 (19) OCCUPATION Housewife
 (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 born at 5:10 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Wood, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 4 1916 (28) N. J. McKee 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.

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