

(1) PLACE OF BIRTH

County of *Sumter*
 Township of *Practical*
 or
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

9296

Registration District No. *4-1-A-4* Registered No. *29* ..
 (For use of Local Registrar)

(2) Full Name of Child *Viola Stokes*

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH: *Feb 18 1927*
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME *I. Stokes* (14) NAME BEFORE MARRIAGE *Rebecca Ford*
 (9) PRESENT POSTOFFICE OF FATHER *Trindal SC* (15) PRESENT POSTOFFICE OF MOTHER *Trindal*
 (10) COLOR OR RACE *Brown* (11) AGE AT LAST BIRTHDAY *29* (16) COLOR OR RACE *Brown* (17) AGE AT LAST BIRTHDAY *27*
 (12) BIRTHPLACE *Sumter Co* (18) BIRTHPLACE *Sumter Co*
 (13) OCCUPATION *Farmer* (19) OCCUPATION *House wife*
 (20) Number of children born to mother, including present birth *Four* (21) Number of children of this mother now living, including present birth *Three*

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) *Emma Stokes* (24) State whether Physician or Midwife *Midwife* (25) Name of Physician or Midwife *Theresa Engler*

(Given name added from a supplemental report)

(26) Witness *James Engler* (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Feb 22 1927* (28) Local Registrar *J. D. Engler*

*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.

WHITE PLAINLY, WITH ENLARGED BOX—THIS IS A PRESENTED FORM. 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.

RECEIVED BY COLUMBIA, COLUMBIA, B. C.