

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

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

82595

(1) PLACE OF BIRTH
County of Sumter

Township of

or
Inc. Town of

or
City of Sumter

Registration District No. 41A Registered No. 195
(For use of Local Registrar)

(No. Roadroad Ave 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 Ben Mack Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 23 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Ben Mack
(9) PRESENT POSTOFFICE OF FATHER Sumter SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Orangeburg SC
(13) OCCUPATION Partner of LRRCo
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Jue Clark
(15) PRESENT POSTOFFICE OF MOTHER Sumter SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Summerton SC
(19) OCCUPATION County work
(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 at 9:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Pilsen

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter SC

Given name added from a supplemental report

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

(27) Filed Oct 30 1916 (28) W J McKegan 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.

MARGIN RESERVE 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.