

Form No. 1.

(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  
**53874**

Inc. Town of ..... or ..... Registration District No. 41A Registered No. 33  
(For use of Local Registrar)  
City of Sumter (No. 306 Council ..... St.; 2 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Matthew David } 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 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 2, 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Matthew  
(9) PRESENT POSTOFFICE OF FATHER Sumter SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Salaman  
(14) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Kate White  
(15) PRESENT POSTOFFICE OF MOTHER Sumter SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION Wife  
(20) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. C. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician 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 Apr 1, 1917 (28) W. J. McKeen 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. WITH TYPE-SETTING MACHINE. THIS IS A STANDARD FORM FOR THE STATE OF SOUTH CAROLINA. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS OFFICIAL, No. 2, etc., in question 5.