

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.

(1) PLACE OF BIRTH  
County of Sumter  
Township of .....  
or  
Inc. Town of .....  
or  
City of Sumter  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. For State Register  
44747

(217) Registered No. 217  
(For use of Local Registrar)  
St.; 4 Ward  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth  
*To be answered only in event of twins or triplets*

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 2, 1915  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Jefferson Davis Durham

(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25  
(Years)

(12) BIRTHPLACE Ala.

(13) OCCUPATION Employed in buggy factory

(20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Allie Manning

(15) PRESENT POSTOFFICE OF MOTHER Sumter

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
(Years)

(18) BIRTHPLACE N.S.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:45 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. S. S. S.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician, Sumter, S.C.

Given name added from a supplemental report

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

(27) Filed 191 (28) 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.

Fifth month of pregnancy.