

(1) PLACE OF BIRTH

County of SumterTownship of Shiloh

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

66463

Registration District No. 4107 Registered No. 68

(For use of Local Registrar)

City of

2) Full Name of Child Boazella Common If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? L (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? No (5) DATE OF BIRTH June 28 1916
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(6) FULL NAME David Common(7) PRESENT POSTOFFICE OF FATHER Sumter, S.C.(8) COLOR Black (9) AGE AT LAST BIRTHDAY 45 (Years)(10) BIRTHPLACE Sumter, S.C.(11) OCCUPATION working(12) Number of children born to mother, including present birth 4

MOTHER

(13) NAME BEFORE MARRIAGE Ella Hickson(14) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(15) COLOR Black (16) AGE AT LAST BIRTHDAY 27 (Years)(17) BIRTHPLACE Sumter, S.C.(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born at Sumter, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) David Common (22) State whether Physician or Midwife (23) Address of Physician or Midwife Sumter, S.C.

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

(25) Filed 7-5-16 (26) L. B. McEwen 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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Form No. 10.
 When used in case of twins or triplets, use a separate return for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.