

(1) PLACE OF BIRTH

County of Sumter
 Township of Privater
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

91989

Registration District No. 4104 Registered No. 143
 (For use of Local Registrar)

(No. 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

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 21 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Hasty
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C. #2
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28
 (12) BIRTHPLACE Sumter Co S.C.
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Wright
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. #2
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE Sumter Co S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated. (Born at (Place of Birth) (Hour A. M. or P. M.))

(23) (Signature) James Hasty

(24) State whether Physician or Midwife Physician (Physician or Midwife)

Given name added from a supplemental report

(26) Witness S. B. Kolb (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 25 1916 (28) Silas B. Kolb 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.