

(1) PLACE OF BIRTH

County of *Sumter*Township of *Walling Creek*

Inc. Town of

City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child

Esau Myrant

File No.—For State Registrar Only

66445

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *4106* Registered No. *59*

(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL? *Boy*(4) Twin *Yes*(5) Number in order of birth *11*(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

June 17, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Aquinas Myrant

(9) PRESENT POSTOFFICE OF FATHER

Rumbert SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

36

(Years)

(12) BIRTHPLACE

Sumter Co

(13) OCCUPATION

Farmer

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

11

MOTHER.

(14) NAME BEFORE MARRIAGE

Serena Douglass

(15) PRESENT POSTOFFICE OF MOTHER

Rumbert

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Sumter Co

(19) OCCUPATION

House Wife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *8 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

James L. Sumners

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Rumbert

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when Question 25 is signed by mark)

W. C. Huelke

(27) Filed

June 17, 1916

(28)

W. C. Huelke

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.

Form No. 10
 SOUTH CAROLINA. WHERE BIRTH OCCURS IN A HOSPITAL OR OTHER INSTITUTION, MAKE SUPPLEMENTAL REPORT AS DIRECTED.
 *In case of twins or triplets, use a separate card for each child, and attach the FIRST-BORN N. No. 1. THIRD-BORN N. No. 3, etc., in sequence.