

NOTE: IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, 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, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
BUREAU OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter
Township of Marble Hill
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
9290

Registration District No. Registered No. 26
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St. Ward)

(2) Full Name of Child Silla Ann Sill
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 21 1932
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Jack Kelly</u>	(14) NAME BEFORE MARRIAGE <u>Rosa Phillips</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Windsor</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Windsor</u>
(10) COLOR OR RACE <u>Col.</u>	(16) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Id.</u>	(18) BIRTHPLACE <u>Id.</u>	(13) OCCUPATION <u>Domestic</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

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

Given name added from a supplemental report
(26) Witness [Signature] (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Mar 31 1932 (28) M. S. [Signature] 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.