

Form No 1.

(1) PLACE OF BIRTH

County of SumterTownship of Concord

Inc. Town of

City of

(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 Registrar Only

44753

Registration District No. 4-100 Registered No. 116

(For use of Local Registrar)

(2) Full Name of Child Sumner Bullard { If child is not yet named, make supplemental report as directed

| | | | | |
|------------------------------|----------------------|------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are <u>yes</u> Parents Married? | (7) DATE OF BIRTH <u>Mar. 2, 1916</u> (Name of Month) (Day) (Year) |
|------------------------------|----------------------|------------------------------|-------------------------------------|---|

FATHER.

(8) FULL NAME Walter Bullard(9) PRESENT POSTOFFICE OF FATHER Sumter S.C. R.R.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Sumter Co(13) OCCUPATION farmer(20) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Walter Johnson(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. R.R.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Clar Co(19) OCCUPATION house wife(21) Number of children of this mother now living, including present birth { 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy J. Datto

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness T. J. Kinney

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan. 1916 (28) D. J. Kinney 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.