

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
Child, of Columbia.

(1) PLACE OF BIRTH

County of LANCASTER
Township of LANCASTER
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

90499

Registration District No. 28.A Registered No. 79
(For use of Local Registrar)

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

(2) Full Name of Child Sumatra Billings { 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. 1 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mary Billings
(9) PRESENT POSTOFFICE OF FATHER Lancaster
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Lancaster P.C.
(13) OCCUPATION Day Laborer
(20) Number of children born to mother, including present birth { 11

MOTHER.

(14) NAME BEFORE MARRIAGE Mary McKenna
(15) PRESENT POSTOFFICE OF MOTHER Lancaster P.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Lancaster P.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3:15 # 3 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster P.C.

Given name added from a supplemental report

(26) Witness W. P. Davis
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12/11/1916 (28) J. P. Thompson 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.