

(1) PLACE OF BIRTH

County of Richland

Township of

or Inc. Town of

or City of Columbia

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

(2) Full Name of Child Delton Sumter(3) BOY OR GIRL? boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 26, 1916(8) FATHER'S NAME Delton Sumter(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 43(12) BIRTHPLACE Congaree S.C.(13) OCCUPATION common labor(14) NAME BEFORE MARRIAGE Victoria Anderson(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 34(18) BIRTHPLACE Congaree S.C.(19) OCCUPATION clean car Southern Ry(20) Number of children of this mother now living, including present birth 1(21) Number of children of this mother born to mother, including present birth 2(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) at 3 A.M.(23) (Signature) Lilla Simpson(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife 1718 Wheat St(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) E. C. C. C.(27) Filed 12/29/16 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.

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

File No.—For State Registrar On

91526

Registered No. 1598
(For use of Local Registrar)Registration District No. 38A (No. 2 Sumter St. Ave. Ward)

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

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