

In Hall  
8/1/44

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See Instructions on Back of Certificate.)

U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of Sumter

Township of \_\_\_\_\_

or \_\_\_\_\_

Inc. Town of \_\_\_\_\_

or \_\_\_\_\_

City of Sumter, S.C.

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 41-a

FILE NO.

23 048058

U.S. 17

Registered No.

(For use of Local Registrar)

Ward

2. FULL NAME OF CHILD

Wilbert Herman De Laine

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

3. Boy or Girl Boy 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... 7. Aro Parents..... 8. Date of birth May 6, 1944 (Month, day, year)

9. Full name William H. De Laine FATHER

15. Name before marriage Margaret Robinson MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Sumter, S.C.

19. Residence (mailing address) (If non-resident, give place and State) Sumter, S.C.

11. Color or race C 12. Age at child's birth 36 (years)

20. Color or race C 21. Age at child's birth 34 (years)

13. Birthplace (city or place) (State or country) Sumter, Co. S.C.

22. Birthplace (city or place) (State or country) Sumter, S.C.

14. Trade, profession or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Ministry

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. ....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....

16. Date (month and year) last engaged in this work .....

25. Date (month and year) last engaged in this work .....

17. Total time (years) spent in this work .....

26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks

29. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at \_\_\_\_\_ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) W. H. De Laine, Parent or \_\_\_\_\_, Guardian

Address \_\_\_\_\_

Filed Aug. 3, 1944 L. A. Kiser, M.D. Registrar.

Registrar.