

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.

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

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

Wilbert Herman DeLaine {

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, 1943  
(Month, day, year)

9. Full name William H. DeLaine FATHER  
10. Residence (mailing address) Sumter, S.C.  
(If non-resident, give place and State)

16. Name before marriage Margaret Robinson MOTHER  
19. Residence (mailing address) Sumter, S.C.  
(If non-resident, give place and State)

11. Color or race C 12. Age at child's birth 36 (years)  
13. Birthplace (city or place) Sumter, Co. S.C.  
(State or country)

20. Color or race C 21. Age at child's birth 34 (years)  
22. Birthplace (city or place) Sumter, S.C.  
(State or country)

OCCUPATION  
14. Trade, profession or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Ministry  
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.  
16. Date (month and year) last engaged in this work

OCCUPATION  
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  
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. DeLaine, Parent  
or \_\_\_\_\_, Guardian

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

Registrar.