

(1) PLACE OF BIRTH

County of SumterTownship of privatelyor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91993

Registration District No. 4104 Registered No. 147

(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 Maki Edward Logau { If child is not yet named, make supplemental report as directed

(3) SEX OR <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Age at birth? <u>Yes</u>	(7) DATE <u>Dec 3</u> 191 <u>6</u> BIRTH <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Joe Frank Logau(9) PRESENT POSTOFFICE OF FATHER Lindal S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Tulia Logau(15) PRESENT POSTOFFICE OF MOTHER Lindal S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House work(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 alive at a 59 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie T. Pearson

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

Midwife Lindal S.C.

Given name added from a supplemental report

(26) Witness Thomas Brogdon

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 13 1916 (28) James V. Brogdon 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.