

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town of

City of Sumter

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87574

Registration District No. 41A Registered No. 230
(For use of Local Registrar)

(No. 34 Wright St.; 3 Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? and one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 10 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Springer Cherry

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41
(Years)

(12) BIRTHPLACE York Co

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Layoh Ann Dumas

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE Sumter Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Audrey Cherry M.D.

(24) State Physician (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

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

(27) Filed Dec 9 1916 (28) H. J. McKee Local Registrar

19 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.

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