

THIS IS IN FULL PAYMENT OF THE FEE FOR THIS CERTIFICATE. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE HEADLINE FOR EACH CHILD AND MARK FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Sumter
 Township of Privater
 or
 Inc. Town of Registration District No. 4104 Registered No. 160
 or
 City of (No. St.; Ward)
 (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
44787

(2) Full Name of Child Richard Iron Skoll } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 16th 1915</u>
<small>To be answered only in event of Twins or Triplets</small>			<small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.	
(8) FULL NAME <u>Silas B. Skoll</u>	(14) NAME BEFORE MARRIAGE <u>Lena H. Barnick</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C. R#2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C. R#2</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u>	
<small>(Years)</small>		<small>(Years)</small>		
(12) BIRTHPLACE <u>Sumter Co S.C.</u>	(18) BIRTHPLACE <u>Sumter S.C.</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housework</u>			
(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>6</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8:30 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. I. Skoll
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife P. O. Sumter S.C.

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 16 1915 (28) Silas B. Skoll 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.

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