

(1) PLACE OF BIRTH
 County of Sumter
 Township of Blatney
 or
 Inc. Town of
 or
 City of
 (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
92040

Registration District No. 4109 Registered No. 125
 (For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 24, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Sidney Brown
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C. R. 3
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Sumter S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Three

MOTHER.
 (14) NAME BEFORE MARRIAGE Rosa Choice
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. R. 3
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Sumter S.C.
 (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 6 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Sabri Lewis Wallace & Co.

Given name added, from a supplemental report 191.....
 Registrar
 (26) Witness A. F. Neyle
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 1, 1917 (28) A. F. Neyle 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.

THIS FORM IS PRINTED AT THE STATE PRINTING OFFICE, COLUMBIA, S. C. BY THE STATE BOARD OF HEALTH, BUREAU OF VITAL STATISTICS, 1000 MARKET STREET, COLUMBIA, S. C.