

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

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
44779

Registration District No. 4104 Registered No. 169
 (For use of Local Registrar)

(2) Full Name of Child James Harmon Jr. (If child is not yet named, make supplemental report as directed)

| | | | | |
|--|---|---|--|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <input checked="" type="checkbox"/> | (5) Number in order of birth <u>1st</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Jan. 16, 1915</u> (Name of Month) (Day) (Year) |
| FATHER. | | MOTHER. | | |
| (8) FULL NAME <u>James Harmon</u> | (14) NAME BEFORE MARRIAGE <u>Josephine Seid</u> | | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Sumter Co</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u> | | | |
| (10) COLOR OR RACE <u>Colored</u> | (11) AGE AT LAST BIRTHDAY <u>32</u> (Years) | (16) COLOR OR RACE <u>Colored</u> | (17) AGE AT LAST BIRTHDAY <u>28</u> (Years) | |
| (12) BIRTHPLACE <u>Sumter Co</u> | (18) BIRTHPLACE <u>Sumter Co</u> | | | |
| (13) OCCUPATION <u>Hammer Hand</u> | (19) OCCUPATION <u>Hammer Hand</u> | | | |
| (20) Number of children born to mother, including present birth <u>1st</u> | (21) Number of children of this mother now living, including present birth <u>5</u> | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) James Pearson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter

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 18 1915 (28) James T. Register
 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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FORM 116, 10
 FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child.
 McCaw of Columbia