

(1) PLACE OF BIRTH

County of Sumter
 Township of Waynesville
 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

91976

Registration District No. 442 Registered No. 143
 (For use of Local Registrar)

(No. St.; Ward)

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

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Dec 21 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fern ind
 (9) PRESENT POSTOFFICE OF FATHER Waynesville
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE Waynesville SC
 (13) OCCUPATION Farmhand

MOTHER.

(14) NAME BEFORE MARRIAGE Dr. M. M. M.
 (15) PRESENT POSTOFFICE OF MOTHER Waynesville SC
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY (Years) 27
 (18) BIRTHPLACE Croft Plantation SC
 (19) OCCUPATION Nurse in SC

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. H. H. H. (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Waynesville SC

Given name added from a supplemental report

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

(27) Filed Dec 22 1916 (28) W. H. H. H. 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.