

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. in question 5.

**(1) PLACE OF BIRTH**  
**CERTIFICATE OF BIRTH**  
 County of Sumter **STATE OF SOUTH CAROLINA**  
 Township of Waynesville **Bureau of Vital Statistics**  
 Inc. Town of ..... **State Board of Health**  
 City of ..... (No. ....) **Registration District No. 410.2** **Registered No. 130**  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) **(For use of Local Registrar)**

**File No.—For State Registrar Only**  
**87530**

**(2) Full Name of Child** Mena M. W. Cross **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 ..... (6) Are Parents Married? ye (7) DATE OF BIRTH Apr 5 - 14  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Will Cross Cole  
 (9) PRESENT POSTOFFICE OF FATHER Waynesville SC  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35  
 (12) BIRTHPLACE Pa. le.  
 (13) OCCUPATION saw mill hand  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Caliza Sumter  
 (15) PRESENT POSTOFFICE OF MOTHER Waynesville S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27  
 (18) BIRTHPLACE Pa. le.  
 (19) OCCUPATION house wife  
 (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... alive ... at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mearnat Benjamin  
 (24) State whether midwife Physician or Midwife (25) Address of Physician or Midwife Waynesville SC

Given name added from a supplemental report  
K.A.B.  
offd 9/3/43 19...  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Apr 13 1914 (28) M. S. Shuman 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.

MORGAN OF COLUMBIA, COLUMBIA, S. C.