

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.

RECEIVED BY COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Sumter
Township of Middleton
or
Inc. Town of.....
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
83642

Registration District No. 4103 Registered No. 71
(For use of Local Registrar)

(2) Full Name of Child Nora Samuel (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 Oct 12, 1906
(Name of Month) (Day) (Year)

FATHER		MOTHER.	
(8) FULL NAME <u>Sam Samuel</u>	(14) NAME BEFORE MARRIAGE <u>Emma Furma</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Wedgfield</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wedgfield</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Laborer</u>	(19) OCCUPATION <u>Laborer</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucinda Brace
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wedgfield

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

(26) Witness M. L. Parker
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 20, 1906 (28) M. L. Parker 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.