

(1) PLACE OF BIRTH

County of SumterTownship of ShilohIncl. Town of  
or

City of

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

(2) Full Name of Child Minna Oliveria McFadden 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? Yes (7) DATE OF BIRTH Dec. 15, 1916 (Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME Wesley McFadden(9) PRESENT POSTOFFICE OF FATHER Shiloh(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Sumter Co(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4MOTHER.  
(14) NAME BEFORE MARRIAGE Sally Dickey(15) PRESENT POSTOFFICE OF MOTHER Shiloh(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Sumter(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Lizzie Y. Truett(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Shiloh Po

Given name added from a supplemental report

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

(27) Filed 12:23 1916 (28) S. B. McElwan 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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