

Form No. 10.
WHILE PREGNANT, WITH UNENDING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child and check the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Sumter
Township of Rafting Creek
or
Inc. Town of
or
City of
(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
44804

Registration District No. 41.06 Registered No. 1.0.4
(For use of Local Registrar)

St.: Ward)

(2) Full Name of Child Lizzie Brown { 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. 18, 1905
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Brown

(9) PRESENT POSTOFFICE OF FATHER Sumter

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Sumter Co. S.C.

(13) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ollie Brown

(15) PRESENT POSTOFFICE OF MOTHER Sumter

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Sumter Co. S.C.

(19) OCCUPATION Housewife

(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 Sumter S.C.,
on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. C. ... (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) M. C. ...

(27) Filed Dec 23, 1905 (28) M. C. ... 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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