

(1) PLACE OF BIRTH

County of SumterTownship of Concordor
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

74863

Registration District No. 4100 Registered No. 76
(For use of Local Registrar)(2) Full Name of Child Eva Octor { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 6, 1911</u> (Name of Month) (Day) (Year)
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FATHER.			MOTHER.		
(8) FULL NAME <u>Grant Octor</u>	(14) NAME BEFORE MARRIAGE <u>Hellie Kinbireh</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>				
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY		
(12) BIRTHPLACE <u>South Car</u>		(18) BIRTHPLACE <u>South Car</u>			
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>house wife</u>			
(20) Number of children born to mother, including present birth { <u>2</u>		(21) Number of children of this mother now living, including present birth { <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Levine

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness J. E. Kinney
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 13, 1911 (28) Don Kinney
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.