

FORM NO. 3.

(1) PLACE OF BIRTH

County of Sumter

Township of

or

Inc. Town of Sumter

or

City of Sumter

(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

91947

Registration District No. 41a Registered No. 244

(For use of Local Registrar)

(2) Full Name of Child Lettie Robinson } 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? Yes (7) DATE OF BIRTH Dec. 13, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Robinson

(9) PRESENT POSTOFFICE OF FATHER Sumter, SC

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Sumter, SC

(13) OCCUPATION Day Labour

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

MOTHER.

(14) NAME BEFORE MARRIAGE May Evans

(15) PRESENT POSTOFFICE OF MOTHER Sumter, SC

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

(18) BIRTHPLACE Sumter, SC

(19) OCCUPATION Domestic

(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 alive (Hour A. M. or P. M.) 3 M., on the date above stated.

(23) (Signature) Rachel McAllister

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter, SC

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec 13, 1916 (28) N. J. McAllister 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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