

Form No. 10. MAIN RECORD. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 WHITE 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.

(1) PLACE OF BIRTH  
 County of Sumter  
 Township of Privateer

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**50582**

Inc. Town of ..... Registration District No. 4104 Registered No. 8  
 (For use of Local Registrar)  
 City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie Conyers } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 16  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Lamanton Conyers  
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C. R#2  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 52  
 (Years)  
 (12) BIRTHPLACE Sumter Co S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 8

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Polly Jones  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. R#2  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40  
 (Years)  
 (18) BIRTHPLACE Sumter Co S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) E. M. Montgomery  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter S.C. R#2

Given name added from a supplemental report

(26) Witness Silas B. Kolb  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 26 1914 (28) Silas B. Kolb 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.

\*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.