

MARGIN RESERVED FOR BINDING.  
 Form No. 10

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.  
 -Caw. of Columbia.

(1) PLACE OF BIRTH  
 County of Sumter, S.C.  
 Township of .....  
 or  
 Inc. Town of South Car. Registration District No. H-10 Registered No. 215  
 or  
 City of Sumter, S.C. (No. Sumter St. #. 1 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  
44749

(2) Full Name of Child Girl Rosale Williams 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>NO</u>	(7) DATE BIRTH <u>Dec. 18 1905</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Larry Williams</u>	(14) NAME BEFORE MARRIAGE <u>Gene / Sindale</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.</u>	(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>Sumter S.C.</u>	(13) OCCUPATION <u>laborer</u>	(20) Number of children born to mother, including present birth <u>one</u>	(18) BIRTHPLACE <u>Sumter S.C.</u>	(19) OCCUPATION <u>Horse keeper</u>
(21) Number of children of this mother now living, including present birth <u>one</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Little, M.D.  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report  
 ..... 191  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed ..... 191 (28) J. H. ... 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.