

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Swage Sumter  
 or  
 Inc. Town of \_\_\_\_\_  
 or

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

79521

Registration District No. 4108 Registered No. 15046  
 (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 Miriam McIlosh

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? \_\_\_\_\_ (4) Twin or Triplet? one (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH: Sept 24 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Walter McIlosh(9) PRESENT POSTOFFICE OF FATHER Sumter(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE \_\_\_\_\_

(13) OCCUPATION \_\_\_\_\_

(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Branch(15) PRESENT POSTOFFICE OF MOTHER Sumter(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Lake City(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) \_\_\_\_\_

(24) State whether Physician or Midwife \_\_\_\_\_

(25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report

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

(27) Filed Oct 1 1916 (28) 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.