

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

File No. — For State Registrar Only
66413

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

or
 Inc. Town of Registration District No. 4104 Registered No. 66
 or
 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. If child is not yet named, make supplemental report as directed

(3) BOY or GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 18, 1916
 To be answered only in case of Twin or Triplets

FATHER		MOTHER	
(8) FULL NAME <u>Henry W. Pritchard</u>	(14) NAME BEFORE MARRIAGE <u>Minnie Geddings</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>White</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(12) BIRTHPLACE <u>Sumter Co. S.C.</u>	(18) BIRTHPLACE <u>Sumter Co. S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born June 18, 1916 at 11:00 (Hour) P. (M. or P. M.)
 on the date above stated.

(23) (Signature) A. Gness
 (24) State whether Physician or Midwife Midwife (25) Signature of Midwife Sumter S.C.

Given name added from a supplemental report

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

on June 27, 1916 at Sumter S.C. Local Registrar A. B. Hall

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.