

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

Inc. Town of .....

City of .....

(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

Filing No.—For State Registrar Only

66371

Registration District No. 41a Registered No. 104

(For use of Local Registrar)

No. .... (No. ....) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Aileen Slavia If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 2nd (6) Are Parents Married? Yes (7) DATE OF BIRTH June 27, 1916 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm. J. Slavia(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Kishinev, Russia.(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth 2nd

## MOTHER.

(14) NAME BEFORE MARRIAGE Salome Hill(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Goldboro, N.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2nd

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was Aileen, at 3.50 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) Aileen Slavia M.D.

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Physician Sumter S.C.

Given name added from a supplemental report

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Registrar

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

(26) Filed July 10, 1916 (27) N. J. McKee Legal 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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