

(1) PLACE OF BIRTH

County of Sumter
Township of Mayeville
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

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

Registration District No. 410

File No.—For State Registrar Only

74883

Registered No. 88
(For use of Local Registrar)

(2) Full Name of Child

Jena Mack

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

Aug 18, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robt Mack

(9) PRESENT POSTOFFICE OF FATHER

Mayeville

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Rebecca Howell

(15) PRESENT POSTOFFICE OF MOTHER

Mayeville S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farming

(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
on the date above stated.

Alive at 4 P. M.,
(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

Sirna Howell

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Mayeville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 20, 1916

(28)

W. S. Threlkeld

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.