(1) PLACE OF BIRTH

County of Sumter

Township of .....

or

Inc. Town of .....

or

City of Sumter

(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
91946

Registration District No. 41A Registered No. 243
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(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? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth 2

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec, 20, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Irving Idol

(9) PRESENT POSTOFFICE OF FATHER Sumter SC

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Sumter S.C.

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Foxworth

(15) PRESENT POSTOFFICE OF MOTHER Sumter SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Sumter SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. L. Stackhouse

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Sumter SC

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 Dec 22 1916 (28) M. J. McKagen
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.

fifth month of pregnancy.