

(1) PLACE OF BIRTH

County of AndersonTownship of Union Pathor
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

File No. — For State Registrar Only
48011Registration District No. 207 Registered No. 21

(For use of Local Registrar)

(2) Full Name of Child Royden Stumberg } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets.</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 1, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME J. O. Stumberg(9) PRESENT POSTOFFICE OF FATHER Union Path(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Anderson Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lois Sampson(15) PRESENT POSTOFFICE OF MOTHER Union Path(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Anderson Co(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 alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. L. Pennington

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife X Union Path

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness Mrs. O. B. Williams
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 16, 1916 (28) L. E. Williams
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.

MARGIN RESERVED FOR THE MINING, WATER PLANT, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5. McCaw, of Columbia.