

(1) PLACE OF BIRTH

County of Sumter

Township of Sumter

or  
Inc. Town of

or  
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

79516

Registration District No. 410 Registered No. 145  
(For use of Local Registrar)

(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?  
No  
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 Sept. 10 1916  
(Name of Month) (Day) (Year)

#### FATHER.

#### MOTHER.

(8) FULL NAME Millard C. Mellette

(14) NAME BEFORE MARRIAGE Marie Jackson

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24  
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Magnetic Shop

(19) OCCUPATION Domestic

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

(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 at 8 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. S. Littlejohn, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Sumter S.C.

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 Sept. 1916 (28) 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.

*(Copy from original in parent's)*