

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw, of Columbia.

(1) PLACE OF BIRTH

County of LeeTownship of Mechanicvilleor
Inc. Town of

City of (No. St. Ward) (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

73698

Registration District No. 3003 Registered No. 31 (For use of Local Registrar)(2) Full Name of Child Annice Belle Sumter If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? <u>One</u>	(5) Number in order of birth <u>One</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 20, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Thomas Sumter(9) PRESENT POSTOFFICE OF FATHER Osney(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Lee Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Polina Spann(15) PRESENT POSTOFFICE OF MOTHER Osney S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Sumter Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary M. Miller

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

Midwife Osney S.C.(26) Witness C. P. Baker (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 5/20 1916 (28) C. P. Baker Local Registrar

Given name added from a supplemental report

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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.