

MARGIN RESERVED FOR BINDING.
 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.

(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

File No.—For State Registrar Only

83638

Registration District No. 4102 Registered No. 1251
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Gray Howard

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 27, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius Howard(9) PRESENT POSTOFFICE OF FATHER Mayeville S.C.(10) COLOR OR RACE negr(11) AGE AT LAST BIRTHDAY 25
 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Matilda Williams(15) PRESENT POSTOFFICE OF MOTHER Mayeville S.C.(16) COLOR OR RACE negr(17) AGE AT LAST BIRTHDAY 23
 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 A.M.
 on the date above stated. (Born alive or still born) (Hour A.M. or P.M.)

(23) (Signature) Jessie B. Bingham(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 Oct 27, 1916(28) W. G. Jones
 Local Registrar

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*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.