

(1) PLACE OF BIRTH

County of Sumter

Township of

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

53233

Registration District No. 218Registered No. 24

(For use of Local Registrar)

(No. 810 Duke St

St.;

Ward)

(2) Full Name of Child Laurie E. Read

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 1st(6) Are Parents Married? no(7) DATE OF BIRTH March 9

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wise Read(9) PRESENT POSTOFFICE OF FATHER Georgetown(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE Rockersville(13) OCCUPATION Butcher(20) Number of children born to mother, including present birth 1st

MOTHER.

(14) NAME BEFORE MARRIAGE Laurie G. Grate(15) PRESENT POSTOFFICE OF MOTHER Georgetown(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 19

(Years)

(18) BIRTHPLACE Georgetown(19) OCCUPATION Cook(21) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 20 M., on the date above stated. (Born alive or stillborn) (Hour & Major P.M.)(23) (Signature) Sallie Myers

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

Sallie Myers

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 12 1916(28) S. S. Kelly per R.

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.

WHEN PLACED IN THE 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 2.

McClay of Columbia