

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Sumter STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Shiloh State Board of Health

File No. — For State Registrar Only
87649

or
 Inc. Town of Registration District No. 410.7 Registered No. 120
 or
 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 Jamie D. Willson } 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 16, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Willson
 (9) PRESENT POSTOFFICE OF FATHER Monts Bridge
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE Sumter Co
 (13) OCCUPATION Farming

MOTHER.
 (14) NAME BEFORE MARRIAGE Margaret Goodman
 (15) PRESENT POSTOFFICE OF MOTHER Monts Bridge
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Sumter, Co
 (19) OCCUPATION Housekeeping

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 am. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. J. ...
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Shiloh Po

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 12-7-1916 (28) S. B. McElveen 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 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.
 McCaw, of Columbia.