

FORM NO. 3.

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

Inc. Town of .....

City of Sumter

(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

87565

Registration District No. 41A Registered No. 219

(For use of Local Registrar)

(2) Full Name of Child Johnnie Crumb

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 18</u> 191 <u>6</u>
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)	

## FATHER.

(8) FULL NAME William Crumb(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Chapelburg, S.C.(13) OCCUPATION Mill Work(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Willie Mack(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Chapelburg, S.C.(19) OCCUPATION House Work(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 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca B. B. B.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Sumter, 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 Nov 20 1916 (28) M. J. M. Kagan Local Registrar

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.

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