

## (1) PLACE OF BIRTH

County of *Sumter*Township of *Rafferty Creek*or  
Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

79487

Registration District No. *4104* Registered No. *111*

(For use of Local Registrar)

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 *Rosal Halliday* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *No* (7) DATE OF BIRTH *Sept 28 1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Don't Know*(9) PRESENT POSTOFFICE OF FATHER *✓*(10) COLOR OR RACE *✓* (11) AGE AT LAST BIRTHDAY *✓* (Years)(12) BIRTHPLACE *✓*(13) OCCUPATION *✓*(14) NAME BEFORE MARRIAGE *Flornice Halliday*(15) PRESENT POSTOFFICE OF MOTHER *Kimbert SC*(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *17* (Years)(18) BIRTHPLACE *Sumter Co*(19) OCCUPATION *Field Labour*(20) Number of children born to mother, including present birth *1*(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 *6* *A.M.* (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) *Julius F. Lester*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Kimbert*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Oct 4 1916*(28) *W. C. Haller* 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.

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