

MADE IN U.S.A. FOR THE PURPOSE OF RECORDING BIRTHS IN A SEPARATE BOOK FOR EACH CHILD, AND MARK THE
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Sumter
 Township of Rafferty Creek
 Inc. Town of Sumter
 City of Sumter

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

53924

Registration District No. 41.1.06 Registered No. 21
 (For use of Local Registrar)

(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 Lillian Hallie 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 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 19 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Hallie
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Kershaw Co
 (13) OCCUPATION Field Laborer
 (20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Sally Neels
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 29 (Years)
 (18) BIRTHPLACE Sumter Co S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. C. Neels

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

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 April 1 1916 (28) W. C. Hallie 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.

(copy from original in pencil.)