

## (1) PLACE OF BIRTH

County Sumter  
 Township of Sumter  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward)

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

79522

Registration District No. 4-108 Registered No. 151  
 (For use of Local Registrar)

(2) Full Name of Child Walter Jones, Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sep. 22, 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. MOTHER.  
 (8) FULL NAME Walter Jones, Sr. (14) NAME BEFORE MARRIAGE Leona Jones  
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C. (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
 (12) BIRTHPLACE ..... (18) BIRTHPLACE .....  
 (13) OCCUPATION ..... (19) OCCUPATION .....  
 (20) Number of children born to mother, including present birth ..... (21) Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Vol. Anderson, per Registrar  
 (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) W. B. [Signature]  
 (27) Filed Oct. 1916 (28) Local Registrar [Signature]

\*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.

(From data sent in.)