

(1) PLACE OF BIRTH

County of Sumter

Township of Sumter

or  
Inc. Town of .....

or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**74947**

Registration District No. 4-108 Registered No. 10410  
(For use of Local Registrar)

(2) Full Name of Child Ished M<sup>c</sup> Ray { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 11, 1914</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Willie M<sup>c</sup> Ray

(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY (Years) 20

(12) BIRTHPLACE Sumter, S.C.

(13) OCCUPATION Works on railroad.

(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Peas

(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY (Years) 20

(18) BIRTHPLACE Sumter, S.C.

(19) OCCUPATION Farm laborer.

(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 born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pub. De... for registrar

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife  
Midwife | Sumter, S.C.

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 Aug 14 1914 (28) 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.

PERMANENT RECORD.  
ALWAYS BLANK for each child, and mark the  
WEST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCay, S.C.