

MARGIN RESERVED FOR BINDING.  
 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 6.  
 MCGRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Sumter  
 Township of Sumter S.C.  
 or  
 Inc. Town of Country  
 or  
 City of .....

*Sumter preceders.*  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

87663

Registration District No. 4108

Registered No. 174-128  
 (For use of Local Registrar)

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

(2) Full Name of Child James Show

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Nov 24 1916  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME

Ben Show

(9) PRESENT POSTOFFICE OF FATHER

Sumter Postoffice

(10) COLOR OR RACE

mergrounack

(11) AGE AT LAST BIRTHDAY

age 22

(12) BIRTHPLACE

mergrounack

(13) OCCUPATION

Granner

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

1

**MOTHER.**

(14) NAME BEFORE MARRIAGE

Lottie melckrow

(15) PRESENT POSTOFFICE OF MOTHER

Sumter Postoffice

(16) COLOR OR RACE

mergrounack

(17) AGE AT LAST BIRTHDAY

age 20

(18) BIRTHPLACE

mergrounack

(19) OCCUPATION

Granner

(21) Number of children of this mother now living, including present birth

two child

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature)

Hattie melckrow

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife  
Hattie melckrow, P. O. Box 4, Box 69.

Given name added from a supplemental report

P. O. Box 4, Box 69

Sumter S.C.

Registrar

(26) Witness

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

(27) Filed

Nov. 14

(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.