

MARGIN RESERVE FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 1.

Form No. 5

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		43032	
County of <u>Sumter, S.C.</u>		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics	
Township of .....		State Board of Health		Registration District <u>41-A</u>	
Inc. Town of .....		Registration No. <u>41-A</u>		(For use of Local Registrar)	
City of .....		(No. <u>N.F.S.</u> )		(Date of Birth)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Ernest Calvin Hecla</u>				If child is not yet named, make supplemental report as directed	
(3) SEX OR GENDER <u>Boy</u>	(4) Type or Triple <u>—</u>	(5) Number in order of birth <u>4</u>	(6) Age <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 21, 1908</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Ernest Alphon Hecla</u>			(14) NAME BEFORE MARRIAGE <u>Lidia Wacter</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Sumter, S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Sumter, S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)		
(12) BIRTHPLACE <u>Saguchburg</u>			(18) BIRTHPLACE <u>Woodrow</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> on the date above stated. (Born alive or stillborn) (Sign A. M. or P. M.)					
(23) (Signature) <u>Lidia Wacter</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Sumter, S.C.</u>					
Given name added from a supplemental report			(26) Witness .....		
..... 19 .....			(27) Filed <u>Jan. 10, 1909</u>		
Registrar			Local Registrar		

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.

IF A CHILD BREATHES EVEN ONCE, IT MUST NOT BE REPORTED AS STILLBORN before the fifth month of pregnancy.