

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74913

County of *Sumter*

Township of *Roosting Creek*

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.)

Registration District No. *41.06* Registered No. *81*

(For use of Local Registrar)

(2) Full Name of Child *Lillie Dinkins* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth *11* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug 1 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Napoleon Dinkins*

(9) PRESENT POSTOFFICE OF FATHER *Rumbout*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *30* (Years)

(12) BIRTHPLACE *Sumter Co*

(13) OCCUPATION *Field Laborer*

(20) Number of children born to mother, including present birth { *11* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Harris*

(15) PRESENT POSTOFFICE OF MOTHER *Rumbout*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *25* (Years)

(18) BIRTHPLACE *Sumter Co*

(19) OCCUPATION *House Wife*

(21) Number of children of this mother now living, including present birth { *7* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8* *a.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Louisa J. Sanders*

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

mid wife | *Rumbout*

Given name added from a supplemental report
 _____, 191...
 _____ Registrar

(26) Witness *McHallen*
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Aug 5 1916* (28) *McHallen* 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.