

(1) PLACE OF BIRTH
 County of Sumter
 Township of Providence
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
44792

Registration District No. 4105 Registered No. 139
 (For use of Local Registrar)
 St.: Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Die. Sumner } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be prepared only in event of twins or triplets</small>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Dec. 30</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>George Young</u>	(14) NAME BEFORE MARRIAGE <u>Ethel Asgail</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Wimboro Sc</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wimboro Sc</u>			
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>about 24</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Sc</u>	(18) BIRTHPLACE <u>Sc</u>			
(13) OCCUPATION <u>Pressing club worker</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 5 6 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harold Chestnut

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

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
B. McLaughlin
 (27) Filed Dec 30 1918 (28) B. McLaughlin 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.

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McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2. In case of TWINS OR TRIPLETS the REGISTRAR MUST BE NOTIFIED AT THE TIME OF BIRTH.