

(1) PLACE OF BIRTH  
**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only  
**53899**

Township of .....  
 Inc. Town of **Maryesville** Registration District No. **4102** Registered No. **29**  
 City of ..... (No. .... 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 **Blanche Mack** { 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 ..... (6) Are Parents Married? **yes** (7) DATE BIRTH **march 19th 1916**  
 To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME **Sammie Mack**

(9) PRESENT POSTOFFICE OF FATHER **Maryesville**

(10) COLOR OR RACE **Colored** (11) AGE AT LAST BIRTHDAY **34** (Years)

(12) BIRTHPLACE **Sumter County**

(13) OCCUPATION **Farmer**

(20) Number of children born to mother, including present birth **7 children**

MOTHER.  
 (14) NAME BEFORE MARRIAGE **Barrie L. Howard**

(15) PRESENT POSTOFFICE OF MOTHER **Maryesville**

(16) COLOR OR RACE **colored** (17) AGE AT LAST BIRTHDAY **34** (Years)

(18) BIRTHPLACE **Sumter County**

(19) OCCUPATION **Farmer**

(21) Number of children of this mother now living, including present birth **3**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) **Jamie Spann**

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

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

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

(27) Filed **March 20th 1916** (28) **W. J. Spann** 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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SEVEN IN REVENUE FOR BIRTH RECORDS. WITH UNPAID REVENUE, THIS IS A DEFECTIVE RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. 1. THE OTHER, N. 2, etc., in question 8.