

(1) PLACE OF BIRTH  
 County of Sumter **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

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

Township of .....  
 or  
 Inc. Town of Mayeroville Registration District No. 4102 Registered No. 29  
 or  
 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 Mayeroville  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34  
 (12) BIRTHPLACE Sumter County  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 7 children

MOTHER.  
 (14) NAME BEFORE MARRIAGE Carrie L. Howard  
 (15) PRESENT POSTOFFICE OF MOTHER Mayeroville  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 34  
 (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 male, 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  
Physician and Midwife, Mrs. Wm. Miller, Mayeroville

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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PRINTED NOV. 10, 1915. IN SENATE. REPRODUCED FROM THE ORIGINAL RECORDS. THIS IS A PHOTODUPLICATION OF THE ORIGINAL RECORDS. 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 8.