

(1) PLACE OF BIRTH

County of Sumter
 Township of Cornucopia
 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

91962

Registration District No. 41.00 Registered No. 12.00
 (For use of Local Registrar)

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

{ If child is not yet named, make
 supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 14 1917
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Illegitimate

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Rich Perry

(15) PRESENT POSTOFFICE OF MOTHER Bragdon SC

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE Sumter Co

(19) OCCUPATION house work

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phillip Scott

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Mich Welf Bragdon SC

Given name added from a supplemental report

(26) Witness J. K. Kinney

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

(27) Filed Jan 2 1917

(28) Dan Kinney

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 6th month of pregnancy.