

WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

Seal of Columbia

(1) PLACE OF BIRTH *Sumter* **CERTIFICATE OF BIRTH**
County of *Sumter* STATE OF SOUTH CAROLINA.
Township of *Sumter* Bureau of Vital Statistics
or Inc. Town of Registration District No. *4-1-2-8* State Board of Health
or City of Registered No. *193*
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)
City of St. Ward)

File No.—For State Registrar Only
44833

(2) Full Name of Child

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

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Andrews band</i>			(14) NAME BEFORE MARRIAGE <i>Harry modes</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Sumter S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Sumter S.C.</i>	
(10) COLOR OR RACE <i>colored</i>	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE <i>Sumter S.C.</i>			(18) BIRTHPLACE	
(13) OCCUPATION			(19) OCCUPATION	
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *Diang. Carty*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife. Sumter S.C.

Given name added from a supplemental report

Smith Th. Carty 191.....
Registrar

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

(27) Filed *Jan. 8, 1916* (28) *W. B. B. B.* 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.