

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town ofCity of Sumter (No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

74855

Registration District No. 410 Registered No. 143

(For use of Local Registrar)

(2) Full Name of Child Jessie Ring Jr } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 24 1906
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie Ring(9) PRESENT POSTOFFICE OF FATHER Charleston SC(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Charleston SC(13) OCCUPATION Railroad Hand(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Edwin Dolen(15) PRESENT POSTOFFICE OF MOTHER Sumter SC(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Sumter SC(19) OCCUPATION Washerwoman(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at G. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marcia A. ...

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

Midwife Sumter SC

Given name added from a supplemental report

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

(27) Filed Aug 30 1906 (28) W. J. McKee 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

McCaw, of Columbia.