

(1) PLACE OF BIRTH

County of SumterTownship of Sumteror
Inc. Town ofor
City of

(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

79507

Registration District No. 4108Registered No. 139

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Dessie Finton

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

(3) BOY OR GIRL? Girl?

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug. 22, 1916
(Name of Mother) (Day) (Year)

FATHER.

(8) FULL NAME Edgar Finton(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude ?(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Not a Doctor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct. 1, 1916 (28) 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.

(From data sent in)