

(1) PLACE OF BIRTH

County of Sumter
 Township of Fairview
 or
 Inc. Town of Sumter
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

4352

Registration District No. Registered No.
 (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? ✓ (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb-13-1914
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James B. Willis
 (9) PRESENT POSTOFFICE OF FATHER Fountain Inn, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Carpenter

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Effie Holland

(15) PRESENT POSTOFFICE OF MOTHER Fountain Inn, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35
 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Thompson

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fountain Inn, S.C.

Given name added from a supplemental report

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

(27) Filed (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.