

(1) PLACE OF BIRTH

County of *Sumter*Township of *Stateburg*

Inc. Town of

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

79526

Registration District No. *4109*Registered No. *76*

(For use of Local Registrar)

(2) Full Name of Child

Henry I. Windham

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

(3) BOY OR

~~GIRL?~~

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are *yes*
Parents
Married?

(7) DATE OF BIRTH

Aug 31 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Wesley Windham

(9) PRESENT POSTOFFICE OF FATHER

Sumter S.C. R3

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

Three

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Ridgell

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S.C. R3

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

V.C.

(19) OCCUPATION

House Keeper

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *One a.m.* on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Rushel X. Heavin*

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Sumter S.C. R3

Given name added from a supplemental report

(26) Witness

A. F. Mearl
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

9/6 1916

(28)

A. F. Mearl

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.