

(1) PLACE OF BIRTH

County of Sumter

Township of .....

or  
Inc. Town of .....

or  
City 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

66367

Registration District No. 419 Registered No. 99

(For use of Local Registrar)

(2) Full Name of Child

Isabelle Wilder

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

(to be supplied only in case of Twin or Triplet)

(6) Are Parents Married? yes

(7) DATE OF BIRTH

June 28 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

A Eugene Wilder

(9) PRESENT POSTOFFICE OF FATHER

Sumter SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

36 (Years)

(12) BIRTHPLACE

Sumter Co SC

(13) OCCUPATION

County Auditor

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Isa Higgins

(15) PRESENT POSTOFFICE OF MOTHER

Sumter SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22 (Years)

(18) BIRTHPLACE

Conway SC

(19) OCCUPATION

Housewife

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 4:45 a.m. (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Sumter SC

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed

July 1, 1911 W. J. McQueen Local Registrar

\*When there was no attending physician or midwife, then the father, mother, etc., should make this report, and a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths occurring after month of pregnancy.