

## (1) PLACE OF BIRTH

County of DillonTownship of Berkleyor  
Inc. Town of .....

or

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

64088

Registration District No. 1606 Registered No. SC

(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. Sumand Lind Shaver If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 16, 1916</u>
				(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Jack Berkley</u>	(14) NAME BEFORE MARRIAGE <u>Minna Berkley</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Latta SC 741</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Latta SC 741</u>
(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>29</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>25</u>
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>Domestic</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
(13) OCCUPATION <u>Farming</u>	(20) Number of children born to mother, including present birth <u>6</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) S. Latta(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Latta SC RTA

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 18, 1916 (28) E. B. Bridgman 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.