

MARGIN RESERVED FOR BINDING.
WHITE PLAINEN, WITH ENCASED ENK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

1) PLACE OF BIRTH

County of Sumter
Township of Prattville
OR
Inc. Town of
OR
City of

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

File No.—For State Registrar Only
20308

Registration District No. 41.1.84 Registered No. 7.0.....
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Oulton Andrew (No. St.; Ward) (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL Boy 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH May 30 27
(Name of Month) (Day) (Year)

FATHER.
8. FULL NAME Oulton Andrew
9. PRESENT POSTOFFICE OF FATHER Indalee
10. COLOR OR RACE Black 11. AGE AT LAST BIRTHDAY 76
(Years)
12. BIRTHPLACE Sumter SC
13. OCCUPATION Harmon
14. Number of children born to mother, including present birth 1

MOTHER.
14. NAME BEFORE MARRIAGE Francis Newman
15. PRESENT POSTOFFICE OF MOTHER Indalee
16. COLOR OR RACE Black 17. AGE AT LAST BIRTHDAY 20
(Years)
18. BIRTHPLACE Sumter 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 alive at 9 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adelbert Britter
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Indalee

Given name added from a supplemental report
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..... 19

(26) Witness Thomas Broder
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 5/29 19 47 (28) James F. Hendrix
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.

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