

IN CASE OF TWINS OR TRIPLETS, SEPARATE REPORTS FOR EACH CHILD, AND MARK THE
 N. B.—In case of TWINS OR TRIPLETS use SEPARATED REPORTS FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		2612	
Township of <u>Defting Creek</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of.....		Registration District No. <u>4115</u>		Registered No. <u>11</u>	
City of.....		(No. St.; Ward)		(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 <u>Calaflexia Raynor</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</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>Jan. 2, 1912</u>	
To be answered only in event of Twin or Triplet		(Name of Month) (Day) (Year)			
FATHER.			MOTHER.		
(8) FULL NAME <u>James Raynor</u>			(14) NAME BEFORE MARRIAGE <u>Caroline Burrum</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hagerd SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hagerd SC</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>		
(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)		
(12) BIRTHPLACE <u>Birmingham, Ala.</u>			(18) BIRTHPLACE <u>Hagerd SC</u>		
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>14</u>			(21) Number of children of this mother now living, including present birth <u>14</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was..... St. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Charles Burrum</u>					
(24) State whether Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>Hagerd SC</u>					
Given name added from a supplemental report			(26) Witness <u>M. P. H. Miller</u>		
.....			(Signature of Witness necessary only when question 22 is signed by mark)		
.....			(27) Filed <u>Jan. 2, 1912</u> (28) <u>M. P. H. Miller</u> 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.