

(1) PLACE OF BIRTH

County of SumterTownship of Sumteror Inc. Town of SumterCity of Sumter

(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

79404

Registration District No. 410Registered No. 174
(For use of Local Registrar)

(2) Full Name of Child

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

(3) Sex
Girl(4) Twin or Triplet?
No(5) Number in order of birth
1(6) Are Parents Married?
Yes(7) DATE OF BIRTH
Sept 5 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Monllebar

(9) PRESENT POSTOFFICE OF FATHER

Sumter S.C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY
35
(Years)

(12) BIRTHPLACE

Italy

(13) OCCUPATION

Barber

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

first

MOTHER.

(14) NAME BEFORE MARRIAGE

Lina Wise

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S.C.

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY
20
(Years)

(18) BIRTHPLACE

Marlborough County S.C.

(19) OCCUPATION

Domestic

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

first

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W.S. Bagley M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Sumter S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Apr 8 1916 (28) W. J. McKee Local RegistrarWhen 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.
fifth month of pregnancy.