

(1) PLACE OF BIRTH

County of Sumter

Township of .....

or Inc. Town of .....

City 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

79402

Registration District No. 41A Registered No. 171  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child .....

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

(3) BOY OR GIRL? boy (4) Twin or Triple?  (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 7, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

#### FATHER

(8) FULL NAME Will L M G Gee

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION carpenter

(14) Number of children born to mother, including present birth 3

#### MOTHER

(14) NAME BEFORE MARRIAGE Lena Williams

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M.,  
(Born) alive or stillborn (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) [Signature] (25) Address of Physician or Midwife Sumter S.C.

(24) State whether Physician or Midwife Physician

Given name added from a supplemental report  
....., 191.....  
Registrar

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

(27) Filed Sept. 11, 1916 (28) W. J. McKague 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.

fifth month of pregnancy