

(1) PLACE OF BIRTH
 County of Sumter
 Township of Ruffing Creek
 or
 Inc. Town of Registration District No. 4106 Registered No. 98
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
74928

(2) Full Name of Child. William Saxton { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 31, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Edward Saxton
 (9) PRESENT POSTOFFICE OF FATHER Rumbut SC
 (10) COLOR OR RACE Ways (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Sumter Co
 (13) OCCUPATION Field Laborer
 (20) Number of children born to mother, including present birth { 4 }

MOTHER.
 (14) NAME BEFORE MARRIAGE Lizzie Leanty
 (15) PRESENT POSTOFFICE OF MOTHER Rumbut
 (16) COLOR OR RACE Ways (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Sumter Co
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth { 3 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. Massy & Coyle

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Rumbut

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

(26) Witness W. C. Haller
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 31, 1916 (28) W. C. Haller 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.