

FORM NO. 7  
 MARRIAGE, WITH CELEBRATING INK 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 S.C. STATE OF SOUTH CAROLINA  
 Town of ..... Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
20346

Inc. Town of ..... Registration District No. .... Registered No. 117  
 City of ..... (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, Samuel Luke ..... { If child is not yet named, make supplemental report as directed

(4) Twin or triplet? <u>Yes</u>	(5) Number in order of birth <small>(Take account only in event of twins or triplets)</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 24</u> , 19 <u>22</u> <small>(Month Day Year)</small>
FATHER.		MOTHER.	
(14) NAME BEFORE MARRIAGE		(14) NAME BEFORE MARRIAGE <u>Alice Luke</u>	
(15) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>	
(16) COLOR OR RACE <u>Color</u>		(16) COLOR OR RACE <u>Color</u>	
(17) AGE AT LAST BIRTHDAY <u>2</u> <small>(Years)</small>		(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	
(18) BIRTHPLACE		(18) BIRTHPLACE <u>Sumter S.C.</u>	
(19) OCCUPATION		(19) OCCUPATION <u>Farming</u>	
(20) Number of children of this mother now living, including present birth <u>2</u>		(20) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Child at 7 M.  
 on the date above stated. (Born alive, or stillborn) (Hour A. M. or P. M.)  
 (22) (Signature) James MacCall  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report	(26) Witness <u>Alicet Durum</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>
Registrar	(27) Filed ..... (28) 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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