

WRITE PLAINLY, WITH UNFADING 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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Sumter

Township of Sumter

OR

Inc. Town of

OR

City of

(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

72945

Registration District No. 2205 Registered No. 66

(For use of Local Registrar)

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

(3) BOY OR GIRL? GIRL

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth 7

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) Aug. 12 1916

FATHER

(8) FULL NAME Belton Sinner Jr

(9) PRESENT POSTOFFICE OF FATHER Fort Sum SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 7

MOTHER

(14) NAME BEFORE MARRIAGE Williamie King

(15) PRESENT POSTOFFICE OF MOTHER Fort Sum

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alvin at 6 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Ross M.D.

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

Alger St 3

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 Aug 14 1916 (28) C. D. Smith 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.