

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

65295

City of SumterTownship of Sandy Run

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.)

Registration District No. 312Registered No. 10

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Joseph Hamilton Crum If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 3(6) Are Parents Married? Yes(7) DATE OF BIRTH 6-13-1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. C. Crum(9) PRESENT POSTOFFICE OF FATHER Sumner(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Sumter Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Heron(15) PRESENT POSTOFFICE OF MOTHER Sumner(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 35 (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 born at Sumter on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Crum

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

Given name added from a supplemental report

Nov 11 1916W. H. Crum Registrar

(26) Witness

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

(27) Date Nov 30 1916(28) J. R. Taylor 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.

Registrar

Filed

19

Registrar