

(1) PLACE OF BIRTH

County of Sumter
 Township of Concord

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

53890

Registration District No. 4100 Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child Mary M^c Coy { 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 No (6) Are Parents Married? No (7) DATE OF BIRTH Mar 16 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Illegitimate

(9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mame M^c Coy(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE S.C. Carolina(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie White

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

Midwife Sumter, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness J. E. Neuman
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 3/11 1916 (28) A. J. Neuman 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.

RECEIVED BY REGISTERED FILE NUMBER. THIS IS A PRELIMINARY REPORT. WHEN PLACED, WITH OTHER REPORTS, IN THE BUREAU OF VITAL STATISTICS, THIS IS A PRELIMINARY REPORT. WHEN PLACED, WITH OTHER REPORTS, IN THE BUREAU OF VITAL STATISTICS, THIS IS A PRELIMINARY REPORT.