

(1) PLACE OF BIRTH

County of Sumter
Township of

or
Inc. Town of
or
City of Sumter (No. 188 S. Sumter)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
74860

Registration District No. 41A Registered No. 137
(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 20</u> 191 <u>6</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME E Pastore
(9) PRESENT POSTOFFICE OF FATHER Sumter
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Howe Co. N.C.
(13) OCCUPATION Brick Reparer
(20) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Ira Abbott
(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE Chatham Co. N.C.
(19) OCCUPATION Domestic
(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 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Jones M.D.

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

Physician | Sumter S.C.

Given name added from a supplemental report

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

(27) Filed Apr 26 1916 (28) N. J. McKay 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.