

(1) PLACE OF BIRTH
 County of Sumter
 Township of Manchester
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
53894

Registration District No. 4-1-01 Registered No. X 9
 (For use of Local Registrar)
 (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH March 30
To be answered only in event of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME unknown
 (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 { 12

MOTHER.
 (14) NAME BEFORE MARRIAGE Elizabeth Gavel
 (15) PRESENT POSTOFFICE OF MOTHER wedgfield
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 38 (Years)
 (18) BIRTHPLACE Sumter Co
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sarah J. Walker
 (24) State whether Physician or Midwife (25) wedgfield S.C. Address of Physician or Midwife

Given name added from a supplemental report
, 191.....
 Registrar

(26) Witness G. J. Hedding
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed April 7 1916 (28) G. J. Hedding 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.

REASON FOR RETURNING THIS BLANK FORM IN A REGISTRATION DISTRICT
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 MOTHER'S NAME, and the FATHER'S NAME, and the CHILD'S NAME, and the DATE OF BIRTH, and the
 SEX, and the COLOR, and the RACE, and the AGE AT LAST BIRTHDAY, and the OCCUPATION, and the
 BIRTHPLACE, and the NAME OF THE PHYSICIAN OR MIDWIFE, and the ADDRESS OF THE PHYSICIAN OR
 MIDWIFE, and the NAME OF THE WITNESS, and the ADDRESS OF THE WITNESS, and the DATE OF
 FILING, and the NAME OF THE REGISTRAR, and the ADDRESS OF THE REGISTRAR, and the
 COUNTY, and the TOWNSHIP, and the CITY, and the STATE, and the YEAR.