

MARGIN RESERVED FOR BINDING.  
 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.

**(1) PLACE OF BIRTH**  
 County of Sumter  
 Township of Mayeville  
 OR  
 Inc. Town of .....  
 OR  
 City of ..... (No. .... St.; .... Ward)  
(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**  
 87596

Registration District No. 4102 Registered No. 136  
(For use of Local Registrar)

**(2) Full Name of Child** Halter Harrington  
(If child's name is not yet named, make supplemental report as directed)

**(3) BOY OR GIRL** Girl **(4) Twin or Triplet?**  **(5) Number in order of birth** 1 **(6) Are Parents Married?** Yes **(7) DATE OF BIRTH** Nov 29, 1916  
(Name of Month) (Day) (Year)

**FATHER.**

**(8) FULL NAME** Elijah Harrington  
**(9) PRESENT POSTOFFICE OF FATHER** Mayeville S.C.  
**(10) COLOR OR RACE** negro **(11) AGE AT LAST BIRTHDAY** 42  
(Years)  
**(12) BIRTHPLACE** Atkins S.C.  
**(13) OCCUPATION** Saw mill Hand  
**(20) Number of children born to mother, including present birth** 2

**MOTHER.**

**(14) NAME BEFORE MARRIAGE** Linda Burgess  
**(15) PRESENT POSTOFFICE OF MOTHER** Mayeville S.C.  
**(16) COLOR OR RACE** negro **(17) AGE AT LAST BIRTHDAY** 20  
(Years)  
**(18) BIRTHPLACE** S.C.  
**(19) OCCUPATION** Home wife  
**(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** Alive **at** 7 A.M. **on the date above stated.**  
(Born alive or stillborn) (Hour A. M. or P. M.)

**(23) (Signature)** Silla Howell  
**(24) State whether Physician or Midwife** Midwife **(25) Address of Physician or Midwife** Mayeville S.C.

**Given name added from a supplemental report** .....

**(26) Witness** .....

**(27) Filed** Dec 10, 1916 **(28)** W. J. Thomas **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.