

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

or  
Inc. Town of .....City of Sumter

(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

87564

Registration District No. 41A Registered No. 218

(For use of Local Registrar)

(No. 107 Pea St.; 2 Ward)

## (2) Full Name of Child

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 11, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Warren A. James(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Works in Magneto Factory(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ann Bradham(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:15 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. B. E. Pappas

(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 Nov 20 1916 (28) M. J. McKagan 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.

N. B.—In case of stillbirth, separate blank for each child, and mark the  
MAGNETIC REGISTERED FOR INDEXING  
WITH UNPAID  
FEE  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
MCGRAW HILL, COLUMBIA, N. Y.