

(1) PLACE OF BIRTH
County of Hershaw
Township of Belknap
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
19099

Registration District No. 2706 Registered No. 1039
(For use of Local Registrar)
St.; Ward)
(No. St.; Ward)

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or triplet? To be answered only in event of twins or triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>May 30, 1911</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>George D Mumme</u>			(14) NAME BEFORE MARRIAGE <u>Lucy Almetta Coker</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Candlen</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Candlen S C</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(12) BIRTHPLACE <u>Hershaw Co</u>			(18) BIRTHPLACE <u>Raecooken Co</u>	
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 4 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. C. Coker
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Candlen S C

Given name added from a supplemental report

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

(27) Filed July 20, 1911 (28) H. H. Mason 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.

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