

(1) PLACE OF BIRTH

County of Sumter
 Township of Sumter
 or
 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
20315

Registration District No. 4104 Registered No. 79
 (For use of Local Registrar)

(2) Full Name of Child

Harry Walter St.; Ward)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 17, 1932
 To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Wesley W. Raladay
 (9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE Sumter Co. S.C.
 (13) OCCUPATION Farm Laborer
 (20) Number of children born to mother, including present birth Five

MOTHER

(14) NAME BEFORE MARRIAGE Hattie Nelson
 (15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Sumter Co. S.C.
 (19) OCCUPATION House & Field Work
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:30 M., on the date above stated. (Born alive or stillborn) * (Hour A. M. or P. M.)

(23) (Signature) M. Brown
 (24) State whether Physician or midwife Midwife (25) Address of Physician or Midwife 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 6/15 1932 (28) W. H. Raladay 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.

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH 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.