

FORM NO. 4

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.

McGraw-Hill of Columbia

(1) PLACE OF BIRTH
County of Sumter
Township of

or
Inc. Town of
or
City of Sumter

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

File No.—For State Registrar Only
83611

Registration District No. 412 Registered No. 217
(For use of Local Registrar)

(No. St. Ward)
(If birth occurs in a hospital or other institution give name of street and number.)

(2) Full Name of Child Baby Grand { 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 BIRTH Oct 12 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME E. P. Grand
(9) PRESENT POSTOFFICE OF FATHER Sumter
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Sumter S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 6

MOTHER.
(14) NAME BEFORE MARRIAGE Eddings
(15) PRESENT POSTOFFICE OF MOTHER Sumter
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE Sumter S.C.
(19) OCCUPATION Wife
(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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwifery
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter S.C.

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
69806 (27) Filed 1916 (28) W. J. McKee 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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