

FORM NO. 2.

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

File No.—For State Registrar Only  
50612

Registration District No. 4108 Registered No. 12  
(For use of Local Registrar)

St.; Ward

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

Full Name of Child *William S. Hayes Jr.*

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *one* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Feb. 16, 1911* (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME *Rutherford S. Hayes* (14) NAME BEFORE MARRIAGE *Abner T. Cain*

(9) PRESENT POSTOFFICE OF FATHER *Sumter* (15) PRESENT POSTOFFICE OF MOTHER *Sumter*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *35* (16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *28* (Years)

(12) BIRTHPLACE *Pages Mills S.C.* (18) BIRTHPLACE *Jordan S.C.*

(13) OCCUPATION *Tailor* (19) OCCUPATION *Teaching*

(20) Number of children born to mother, including present birth *one* (21) Number of children of this mother now living, including present birth *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born* at *16:10* at *11:10 PM* (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated. (23) (Signature) *J. M. Cella* (24) State whether Physician or Midwife *Midwife*

(25) Address of Physician or Midwife *Midwife*

Given name added from a supplemental report

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

(27) Filed *Feb 28 1911* (28) 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 INDEXING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. M. R.—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.

McCaw, of Columbia.