

FORM NO. 2

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

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

70538

Registration District No. 41ARegistered No. 127

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? /(5) Number in order of birth 16

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 20 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Benjamin F. Frazier(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Saturn

(20) Number of children born to mother, including present birth

16

## MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte McCoy(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION House-keeper & Laundry

(21) Number of children of this mother now living, including present birth

Four (4)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 M. on the date above stated. (Born alive or stillborn) (Hour—A. M. or P. M.)(23) (Signature) W. J. McKagan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Sumter S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Aug 1 1916

(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.

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.

McCauley of Columbia, S. C.

McCauley of Columbia