

FORM NO. 2

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

or  
Inc. Town of .....City of Sumter(No. .... St.; .... Ward.)  
(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

70535

Registration District No. 41a Registered No. 124  
(For use of Local Registrar)

## (2) Full Name of Child

Marion Jennings child is not yet named, make supplemental report as directed(3) ☒ BOY OR  
☐ GIRL(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth4(6) Are  
Parents  
Married yes(7) DATE  
BIRTHJune 12, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to  
mother, including present birth4

## MOTHER.

(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE(17) AGE AT LAST  
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother  
now living, including present birth4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement  
tal report

191...

Registrar

(26) Witness

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

(27) Filed

Aug 1, 1916

(28)

W. J. McLean

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 UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS, use SEPARATE BLANK FOR EACH CHILD, and enter  
FIRST BORN, No. 1, THE OTHER, No. 2, etc. in question 6.

RECEIVED AT THE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.