

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?
(5) Number in order of birth 4
(6) Are Parents Married?
(7) DATE OF BIRTH June 17, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sanford Jennings

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Employed at law

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Vickson

(15) PRESENT POSTOFFICE OF MOTHER S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION wife

(21) Number of children of this mother now living, including present birth 4

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. (Hour A. M. or P. M.)
on the date above stated. (Born alive or stillborn)

(23) (Signature) H. Sweeney

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

(27) Filed Aug 1, 1916 (28) M. 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.

RECEIVED RESERVEED FOOT BINDING.
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS—SEPARATE PLANK FOR EACH CHILD.
FIRST BORN. No. 1. (THE OTHER No. 2, ETC. IN ORDER.)