

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.  
 McCaw, of Columbia.

FORM NO. 2

(1) PLACE OF BIRTH  
 County of Georgetown  
 Township of 7th  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (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  
**55952**

(2) Full Name of Child... Maria Ann Smith ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Apr 11</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Henry Gumm</u>			(14) NAME BEFORE MARRIAGE <u>Jamie Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Waverly Mills, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Waverly Mills, S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>	
(13) OCCUPATION <u>Labourer</u>			(19) OCCUPATION <u>Farm hand</u>	
(20) Number of children born to mother, including present birth { <u>2</u> }			(21) Number of children of this mother now living, including present birth { <u>1</u> }	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive, at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. P. P.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Waverly Mills, S.C.

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

(26) Witness (Signature of Witness necessary only when question 22 is signed by parent)  
Isabelle Smith  
 (27) Filled Apr 13 1916 (28) Deputy 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.