

Form No. 2

(1) PLACE OF BIRTH

County of Harry
 Township of Bucks
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

90389

Registration District No. 2501 Registered No. 105106
 (For use of Local Registrar)

(2) Full Name of Child Jessie B. Hyman (No. St.; Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

(3) BOY OR GIRL GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 6, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME J. L. Hyman
 (9) PRESENT POSTOFFICE OF FATHER Canway SC
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Mattie J. Todd
 (15) PRESENT POSTOFFICE OF MOTHER Canway SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. M. Geraskin
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Caney SC

Given name added from a supplemental report

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

(27) Filed Dec 12, 1916 (28) S. J. Bourne
 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.