

FORM NO. 2. 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 McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Greenwood
Township of Ninety Six
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
43141

Registration District No. 2310 Registered No. 89
(For use of Local Registrar)
St.; Ward)

(2) Full Name of Child Wilmer Hootsing } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>to be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 13</u> <u>1915</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>J. W. Hootsing</u>		(14) NAME BEFORE MARRIAGE <u>Beatrice Eadsom</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ninety Six SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Ninety Six SC</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>A.C.</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>one</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 alive at 12:15 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jas. J. Fouché
(24) State whether Physician or Midwife (25) Address of Physician or Midwife MSD 96 SC

Given name added from a supplemental report

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

1915
J. M. J. Turner
Registrar

(27) Filed 1915 (28) J. M. J. Turner
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.

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