

Form No. 2

1) PLACE OF BIRTH  
County of Sumner

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

File No.—For State Registrar Only

49-98

Township of Sumner  
or  
City of TIMMONSVILLE, S.C.  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 7015 Registered No. 8  
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?  BOY  GIRL  
(4) Twin or Triplet?  No  Yes  
(5) Number in order of birth 1  
(6) Are Parents Married?  Yes  No  
(7) DATE OF BIRTH Feb. 11, 1908  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME E. J. Lynch  
(9) PRESENT POSTOFFICE OF FATHER Sumnerville  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)  
(12) BIRTHPLACE Dorchester Co  
(13) OCCUPATION Supt water works  
(20) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Roxy Hancock  
(15) PRESENT POSTOFFICE OF MOTHER Timmons ville, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)  
(18) BIRTHPLACE Sumnerville  
(19) OCCUPATION House Keeper  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at Timmons ville, S.C. at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Hancock, M.D.  
(24) State whether Physician or Midwife  Physician  Midwife  
(25) Address of Physician or Midwife TIMMONSVILLE 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) [Signature]  
(27) Filed 191 (28) [Signature] 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.

REMARKS: THIS FORM IS TO BE FILLED BY THE REGISTRAR OR BY A PERSON IN HIS PRESENCE. IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C. IN THE CASE OF BIRTHS OCCURRING IN THIS STATE. IN THE CASE OF BIRTHS OCCURRING IN OTHER STATES, IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C. IN THE CASE OF BIRTHS OCCURRING IN OTHER STATES, IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C.