

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 OTHERS, No. 2, etc., in question 5.

McCaw, of Columbia

FORM NO. 2

(1) PLACE OF BIRTH

County of *Sumter*

Township of

or

Inc. Town of

or

City of *Sumter*

(If birth occurs in hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Lois Medline*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

57720

Registration District No. *44A*

Registered No. *48*

(For use of Local Registrar)

St. Ward

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

(3) (3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>8</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Apr. 12</i> 191 <i>6</i>
FATHER: <i>A. H. Kernal</i>			MOTHER: <i>Meddie Elizabeth</i>	
(8) (8) FULL NAME <i>A. H. Kernal</i>	(14) NAME BEFORE MARRIAGE <i>Meddie Elizabeth</i>			
(9) (9) PRESENT POSTOFFICE OF FATHER <i>Sumter SC</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Sumter SC</i>			
(10) (10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY (Years) <i>33</i>	
(12) (12) BIRTHPLACE <i>SC</i>	(18) BIRTHPLACE <i>SC</i>			
(13) (13) OCCUPATION <i>Deeph. Oil Mills</i>	(19) OCCUPATION <i>Wife</i>			
(20) (20) Number of children born to mother, including present birth <i>8</i>	(21) Number of children of this mother now living, including present birth <i>8</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *H. H. Kernal*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Sumter SC*

Give Given name added from a supplemental report

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Registrar

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

(27) Filed *May 1* 191*6* (28) *W. J. McKague* 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.