

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.

FORM NO. 2.

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

File No.—For State Registrar Only  
**83601**

(1) PLACE OF BIRTH  
County of Sumter  
Township of .....

or  
Inc. Town of Sumter Registration District No. 41a Registered No. 767  
(For use of Local Registrar)  
or  
City of Sumter (No. 578 S. Main St.; 3 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joby J. Dickinson 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 <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Oct. 22 1916</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Joe Dickinson</u>			(14) NAME BEFORE MARRIAGE <u>Eunice Nelson</u>	
(9) PRESENT POST OFFICE OF FATHER <u>Sumter SC</u>			(15) PRESENT POST OFFICE OF MOTHER <u>Sumter SC</u>	
(10) COLOR OR RACE <u>Blk</u>			(17) AGE AT LAST BIRTHDAY (Years) <u>20</u>	
(11) AGE AT LAST BIRTHDAY (Years) <u>23</u>			(16) COLOR OR RACE <u>Blk</u>	
(12) BIRTHPLACE <u>Camden SC</u>			(18) BIRTHPLACE <u>Sumter SC</u>	
(13) OCCUPATION <u>RR Switchman</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

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

(22) I hereby certify that I attended the birth of this child, who was live at 12 M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Susan George  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Cervel W J Dickinson  
(27) Filed 1916 (28) 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.