

FORM NO. 2

(1) PLACE OF BIRTH

County of Sumter

Township of .....

or  
Inc. Town of .....City of Sumter

(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

79405

Registration District No. 41ARegistered No. 123  
(For use of Local Registrar)

West Liberty

St. 3

Ward

(2) Full Name of Child Rosa Windham

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 3(6) Are Parents Married? Yes(7) DATE OF BIRTH September 6th 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Murph Windham(9) PRESENT POSTOFFICE OF FATHER Sumter(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE

Sumter County(13) OCCUPATION laborer(16) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa McIlwain(15) PRESENT POSTOFFICE OF MOTHER Sumter(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE

Wedgefield, S.C.

(19) OCCUPATION

housekeeper(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M. (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Lydia L. Holmes(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

M. J. Frederickson  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

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(28)

M. J. Frederickson  
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.