

FORM NO. 2.

(1) PLACE OF BIRTH

County of SumterTownship of Stateburg

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44836

Registration District No. 4109 Registered No. 117
(For use of Local Registrar)(No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Ester Gail } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>By</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 28</u> (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets				
FATHER.				
(8) FULL NAME <u>John Gail</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter R 3</u>				
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(14) NAME BEFORE MARRIAGE <u>Mrs. Lucian</u>		
(12) BIRTHPLACE <u>S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C. R 3</u>		
(13) OCCUPATION <u>Farmer</u>		(16) COLOR OR RACE <u>Negro</u>		
(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		(18) BIRTHPLACE <u>S.C.</u>		
(19) OCCUPATION <u>Housekeeper</u>		(21) Number of children of this mother now living, including present birth <u>One</u>		
(20) Number of children born to mother, including present birth <u>One</u>		(22) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 a.m. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Sarah S. Singleton(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Sumter S.C. R 3

Given name added from a supplemental report

(26) Witness A. F. Neyle
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/9 1915 (28) A. F. Neyle
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.

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.

McGraw-Hill of Columbia