

FORM NO. 2.

(1) PLACE OF BIRTH

County of SumterTownship of Stateburg

Inc. Town of _____

City of _____

(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

44840

Registration District No. 4109Registered No. 114

(For use of Local Registrar)

(2) Full Name of Child

Mary Alston

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? Single(5) Number in order of birth 1st(6) Are Parents Married? Yes(7) DATE OF BIRTH 12, 26, 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charles Alston

(9) PRESENT POSTOFFICE OF FATHER

Sumter S.C.

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 40

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

Five

MOTHER.

(14) NAME BEFORE MARRIAGE

Martha Farmer

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S.C.

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 39

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housekeeper

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

Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive, at 4 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Singleton(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Sumter 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)

(27) Filed 12/27 191

(28)

A. J. Meyer 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.

McCaw, of Columbia