

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.

OFFICE OF COLUMBIA, COLUMBIA, S. C.

Form No. 2

(1) PLACE OF BIRTH

County of Sumter  
Township of .....  
or  
Inc. Town of Sumter  
or  
City of Sumter

(No. .... St.; ..... Ward)  
(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  
**83609**

Registration District No. 41a Registered No. 2135  
(For use of Local Registrar)

(2) Full Name of Child Geo. Webster Scott

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 16, 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Webster Scott

(9) PRESENT POSTOFFICE OF FATHER Sumter SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32  
(Years)

(12) BIRTHPLACE Sumter Co SC

(13) OCCUPATION Hotel Porter

(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Audena Mack

(15) PRESENT POSTOFFICE OF MOTHER Sumter SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29  
(Years)

(18) BIRTHPLACE Sumter Co SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Oscilla Butler

(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) [Signature]

(27) Filed Oct 16, 1916 (28) [Signature] 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.