

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.

McCLAW 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*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Geo. Webster Scott*

File No.—For State Registrar Only
83609

Registration District No. *41a* Registered No. *2135*

(For use of Local Registrar)

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (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 *Ansenna Neek*
(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 *W. J. Keegan*
(Signature of Witness necessary only when question 23 is signed (mark))
(27) Filed *Oct 28 1916* (28) *W. J. Keegan* 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.