

Form No. 2

(1) PLACE OF BIRTH

County of Spurlock
 Township of to be named
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

91841

Registration District No. 4002B Registered No. 250
 (For use of Local Registrar)

City of (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

Emily Luma

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

(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 Dec 21, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John H. Luma
 (9) PRESENT POSTOFFICE OF FATHER to be named
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Annice Bell Bates
 (15) PRESENT POSTOFFICE OF MOTHER to be named
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION homemaker
 (20) Number of children born to mother, including present birth 2
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:20 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Janice Bates(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife to be named

Given name added from a supplement-
 tal report

(26) Witness
 (Signature of Witness necessary only
 when question 23 is signed by mark)

(27) Filed Jan 5, 1917 (28) W. H. Parmer
 Registrar 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 BUREAU OF COLUMBIA, COLUMBIA, S. C.