

MARGIN RESERVED FOR INDEXING

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.

Form No. 2

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">90259</div>	
County of <u>Hampton</u>		Registration District No. <u>2400</u>		Registered No. <u>123</u>	
Township of <u>North</u>				(For use of Local Registrar)	
or Inc. Town of					
or 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 <u>Theodore Scott</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 4, 1916</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Wm. Scott</u>			(14) NAME BEFORE MARRIAGE <u>Julia Smart</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Gifford S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gifford S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Hampton Co.</u>			(18) BIRTHPLACE <u>Hampton Co.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer & Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mary Jane Dalton</u>		(25) Address of Physician or Midwife <u>Gifford S.C.</u>			
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report 19 Registrar		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
		(27) Filed <u>Dec. 16, 1916</u> (28) <u>E. C. Dickson</u> 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.					
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McGraw of Columbia, Columbia, S. C.