

**MAROON RESERVED FOR PRINTING**

WHITE PLAINING WITH UNTEADING INK—THIS IS A PERMANENT RECORD.  
N.B.—In case of FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.

PRINTED BY THE STATE OF COLUMBIA, S. C.

(1) PLACE OF BIRTH <i>Calhoun Co</i>		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>80462</b>
County of <i>Calhoun</i> Township of <i>Boggs</i> or Inc. Town of ..... or City of .....		Registration District No. <i>802</i> Registered No. <i>1318</i> (For use of Local Registrar)		
(No. .... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. .... Ward		
(2) Full Name of Child <i>Jessie Rumpf</i>		If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>Oct 21, 1916</i> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <i>Jesse Rumpf</i>	(14) NAME BEFORE MARRIAGE <i>Geneva Green</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Cameron, S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Cameron, S.C.</i>			
(10) COLOR OR RACE <i>negro</i>	(11) AGE AT LAST BIRTHDAY <i>19</i> (Years)	(16) COLOR OR RACE <i>negro</i>	(17) AGE AT LAST BIRTHDAY <i>10</i> (Years)	
(12) BIRTHPLACE <i>Calhoun Co</i>	(18) BIRTHPLACE <i>Calhoun Co</i>			
(13) OCCUPATION <i>Farm Hand</i>	(19) OCCUPATION <i>Farm Hand</i>			
(20) Number of children born to mother, including present birth <i>1</i>	(21) Number of children of this mother now living, including present birth <i>1</i>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>12 M.</i> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <i>Mary Hager</i>	(24) State whether Physician or Midwife <i>Midwife</i>	(25) Address of Physician or Midwife <i>Calhoun, S.C.</i>		
Given name added from a supplemen- tal report				
(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) <i>Mrs. Keller</i>				
19 Registrar	(27) Filed <i>Oct. 30, 1916</i>	(28) Local Registrar <i>E. G. Keller</i>		

\*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.