

FORM NO. 2.

(1) PLACE OF BIRTH

County of Sumter
Township of HopeInc. or
Town of
or
City ofRegistration District No. 4301 Registered No. 179
(For use of Local Registrar)
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 March Estenney } 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
-
To be answered only in event of Twins or Triplets(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Dec. 27
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME George Estenney(9) PRESENT
POSTOFFICE
OF FATHER Greenville, S.C.(10) COLOR
OR
RACE Black(11) AGE AT LAST
BIRTHDAY 22
(Years)(12) BIRTHPLACE Sumter, S.C.(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Theresa Felip(15) PRESENT
POSTOFFICE
OF MOTHER Greenville, S.C.(16) COLOR
OR
RACE Black(17) AGE AT LAST
BIRTHDAY 22
(Years)(18) BIRTHPLACE Sumter, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Greenville, S.C.(Given name added from a supplement-
al report
..... 191....
.....
Registrar(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Dec. 27 1914 (28) D. A. Taylor
Local Registrar

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

*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.