

FORM NO. 2.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**44839**

(1) PLACE OF BIRTH  
 County of Sumter  
 Township of Stalburg  
 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.)

Registration District No. H.D. 9 Registered No. 115  
 (For use of Local Registrar)

(2) Full Name of Child John Alston } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Twin (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH 12, 26  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Charles Alston  
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth } Seven

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Mattie James  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House Keeper  
 (21) Number of children of this mother now living, including present birth } Seven

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Sarah L. Singleton  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report ..... 191.....  
 Registrar  
 (26) Witness A. F. Neyle  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 12/27 191..... (28) A. F. Neyle 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.

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 3.  
 McCaw of Columbia