

FORM NO. 2.

(1) PLACE OF BIRTH

County of *Saluda*Township of *# 4*

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50356

Registration District No. *3703* Registered No. *4*

(For use of Local Registrar)

(2) Full Name of Child *Julia Fort* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth *6*

To be answered only in case of Twins or Triplets

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *July 12 1916*

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *James Fort*(9) PRESENT POSTOFFICE OF FATHER *Saluda S.C.*(10) COLOR *White* OR RACE *Law* (11) AGE AT LAST BIRTHDAY *38* (Years)(12) BIRTHPLACE *Grodner Russia*(13) OCCUPATION *Merchant*(20) Number of children born to mother, including present birth *6*

MOTHER

(14) NAME BEFORE MARRIAGE *Julia Evers*(15) PRESENT POSTOFFICE OF MOTHER *Saluda S.C.*(16) COLOR *White* OR RACE *Law* (17) AGE AT LAST BIRTHDAY *35* (Years)(18) BIRTHPLACE *Grodner Russia*(19) OCCUPATION *House wife*(21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *56* (Born alive or stillborn) (Sex *M.* or *F.*) on the date above stated.(23) (Signature) *J. N. Waters M.D.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Saluda S.C.*

Given name added from a supplemental report

, 191...

Registrar

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

(27) Filed *Mar 1916* (28) *J. B. Brouck* Local Registrar

*When there was no attending physician or midwife, then the father, household, 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 5. McCaw, of Columbia.