

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. 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**

County of Williamsburg  
Township of Ansley  
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.)

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

File No.—For State Registrar Only  
87751

Registration District No. 4300 Registered No. 57  
(For use of Local Registrar)

**(2) Full Name of Child** Anne Belle Martin (If child is not yet named, make supplemental report as directed)

(3) <b>BOY OR GIRL?</b>	(4) <b>Twin or Triplet?</b> To be answered only in case of Twins or Triplets	(5) <b>Number in order of birth</b>	(6) <b>Are Parents Married?</b>	(7) <b>DATE OF BIRTH</b> (Name of Month) (Day) (Year)
				<u>Nov</u> <u>18</u> <u>1916</u>

<b>FATHER.</b>		<b>MOTHER.</b>	
(8) <b>FULL NAME</b>	<u>John James Martin</u>	(14) <b>NAME BEFORE MARRIAGE</b>	<u>Anne Siga Player</u>
(9) <b>PRESENT POSTOFFICE OF FATHER</b>	<u>Trid 2 c</u>	(15) <b>PRESENT POSTOFFICE OF MOTHER</b>	<u>Trid</u>
(10) <b>COLOR OR RACE</b>	<u>W</u>	(16) <b>COLOR OR RACE</b>	<u>W</u>
(11) <b>AGE AT LAST BIRTHDAY</b> (Years)	<u>40</u>	(17) <b>AGE AT LAST BIRTHDAY</b> (Years)	<u>32</u>
(12) <b>BIRTHPLACE</b>	<u>Sc</u>	(18) <b>BIRTHPLACE</b>	<u>Sc</u>
(13) <b>OCCUPATION</b>	<u>Farm</u>	(19) <b>OCCUPATION</b>	<u>Domestic</u>
(20) <b>Number of children born to mother, including present birth</b>	<u>5</u>	(21) <b>Number of children of this mother now living, including present birth</b>	<u>5</u>

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

(22) I hereby certify that I attended the birth of this child, who was .... at 10 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Grace Parker</u>	(25) Address of Physician or Midwife
(24) State whether Physician or Midwife	<u>midwife</u>
<u>andrews sc</u>	

Given name added from a supplemental report	(26) Witness
	(Signature of Witness necessary only when question 23 is signed by mark)
	(27) Filed <u>11</u> <u>27</u> <u>1916</u> (28) <u>G. W. Kenzie</u> Registrar 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.