

FORM NO. 2.

(1) PLACE OF BIRTH

County of OrangeburgTownship of Orleans

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

47140

Registration District No. 3018 Registered No. 16

(For use of Local Registrar)

St.: Ward)

(2) Full Name of Child Sarah Ellis 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
To be answered only in case of twins or triplets(6) Are Parents Married? no(7) DATE OF BIRTH Jan 20 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Ellis(9) PRESENT POSTOFFICE OF FATHER Palmer St.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 50
(Years)(12) BIRTHPLACE Orangeburg Co. S.C.(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Mary Gooden(15) PRESENT POSTOFFICE OF MOTHER Palmer St.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE Orangeburg Co. S.C.(19) OCCUPATION House Laborer

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Williams
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Palmer St.

Given name added from a supplemental report

(26) Witness J. A. Williams
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 26 1914 (28) H. A. Dargatz
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 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.

McCauley of Columbia.