

FORM NO. 2.

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.

WR

N. 1

McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Summerton
 or
 Inc. Town of Gaffney Registration District No. 10 Registered No. 11
 or
 City of City (No. 31 St.; 31 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ethel Stacy If child is not yet named, make supplemental report as directed

| | | | | |
|---|--|--|--|---|
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet? <u>Single</u> <small>To be answered only in case of Twins or Triplets</small> | (5) Number in order of birth <u>3</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Jan 13, 1916</u> <small>(Name of Month) (Day) (Year)</small> |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Edward B. Stacy</u> | | | (14) NAME BEFORE MARRIAGE <u>Ethel Stacy</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C.</u> | |
| (10) COLOR OR RACE <u>White</u> | | | (16) COLOR OR RACE <u>White</u> | |
| (11) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small> | | | (17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small> | |
| (12) BIRTHPLACE <u>Span Fortburg Co</u> | | | (18) BIRTHPLACE <u>Hennietta N.C.</u> | |
| (13) OCCUPATION <u>Postal Clerk</u> | | | (19) OCCUPATION <u>Domestic</u> | |
| (20) Number of children born to mother, including present birth <u>3</u> | | | (21) Number of children of this mother now living, including present birth <u>3</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 o'clock P.M. on the date above stated.
 (Born alive or stillborn) (Hour AM or P.M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 1/25 1916 (28) [Signature]
 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.

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

File No.—For State Registrar Only
45693

LOCAL REGISTRAR.