

FORM NO. 2

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

84435

County of Beaufort

Township of Hiltonhead

Inc. Town of

Registration District No. 602

Registered No. 28

(For use of Local Registrar)

City of

(No. St.; Ward)

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

(2) Full Name of Child

Jane Barnwell

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Nov 10 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Unknown

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Jane Barnwell

(15) PRESENT POSTOFFICE OF MOTHER

Hiltonhead S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm Laborer

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Olivia T. G. G.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Hiltonhead S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness

W. D. Brown
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 15 1916

(28) W. D. Brown
Local Registrar.

MAKING PERMANENT RECORD.

WHEN FEASIBLE WITH OBTAINING INFORMATION THIS IS A PERMANENT RECORD. N. H.—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. McCray, of Columbia

*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.