

FORM NO. 2.

(1) PLACE OF BIRTH

County of HarryTownship of Logansportor
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

Division of Vital Statistics

State Board of Health

File No. — For State Registrar Only

56290

Registration District No. 2504 Registered No. 12

(For use of Local Registrar)

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

(2) Full Name of Child Lacie May Salamy

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

(1) BOY OR GIRL? Girl (2) DATE OF BIRTH Apr. 19, 1906
(3) AGE AT LAST BIRTHDAY 25 (4) AGE AT LAST BIRTHDAY 22
(5) RACE Negro (6) RACE Negro
(7) BIRTHPLACE Krisanville S.C. (8) BIRTHPLACE Harry Co. S.C.
(9) OCCUPATION Day Laborer (10) OCCUPATION Housewife
(11) Number of children born to mother, including present birth Four (12) Number of children of this mother now living, including present birth Four

FATHER

(1) FULL NAME Mason Salamy(2) PRESENT POSTOFFICE OF FATHER Vina(3) COLOR OR RACE Negro (4) AGE AT LAST BIRTHDAY 25 (Years)(5) BIRTHPLACE Krisanville S.C.(6) OCCUPATION Day Laborer(7) Number of children born to mother, including present birth Four

MOTHER

(1) NAME BEFORE MARRIAGE Maggie Dentith(2) PRESENT POSTOFFICE OF MOTHER Vina S.C.(3) COLOR OR RACE Negro (4) AGE AT LAST BIRTHDAY 22 (Years)(5) BIRTHPLACE Harry Co. S.C.(6) OCCUPATION Housewife(7) Number of children of this mother now living, including present birth Four

CERTIFICATE OF APPEARING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Logansport on the date above stated. (Signed A. M. or P. M.)(23) (Signature) E. L. Taylor

(24) Sign whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness E. L. Taylor (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 78 1906 (28) E. L. Taylor Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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 BUILDING. WHEN COMPLETELY FILLED, UNFOLDING LINE—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 2. McCaw of Columbia.