

FORM NO. 2.

(1) PLACE OF BIRTH

County of GreenvilleTownship of Oak Lawnor
Inc. Town ofor
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

48549

Registration District No. 2212 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Thomas Halcomb { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE BIRTH
			<u>yes</u>	<u>Feb 29, 1916</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME	(9) PRESENT POSTOFFICE OF FATHER	(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY
<u>B F Halcomb</u>	<u>Pelzer S C</u>	<u>white</u>	<u>22</u>
(Years)			
(12) BIRTHPLACE	(13) OCCUPATION	(20) Number of children born to mother, including present birth	
<u>S C</u>	<u>Farmer</u>	<u>1</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY
<u>Shirley Leaker</u>	<u>Pelzer S C</u>	<u>white</u>	<u>22</u>
(Years)			
(18) BIRTHPLACE	(19) OCCUPATION	(21) Number of children of this mother now living, including present birth	
<u>S C</u>	<u>Housewife</u>	<u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:45 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Ross M.D.

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

Pelzer S C

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 1916 (28) W. A. Ross 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 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.

McCaw, of Columbia.