

FORM NO. 2.

(1) PLACE OF BIRTH

County of YorkTownship of Beach Spring

or

Inc. Town of York

or

City of York

(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

66196

Registration District No. 4 Registered No. 66196

(For use of Local Registrar)

St.; York Ward

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

(2) Full Name of Child Laurie McKissick(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

to be answered only in event of twins or triplets

(6) Age, Sex, Married?

(7) DATE OF BIRTH 6 19 7

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Moore McKissick(9) PRESENT POSTOFFICE OF FATHER York(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Railroad Employee(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Clucke Rame(15) PRESENT POSTOFFICE OF MOTHER York(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Georgia(19) OCCUPATION Domestic(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 alive at 2301 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. McKissick

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife York

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/20 1917(28) 6/21/1917 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M.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.