

FORM NO. 2

(1) PLACE OF BIRTH

County of Marion

Township of Socastee

Inc. Town of _____

City of _____

CERTIFICATE OF BIRTH

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

File No. 9041 1/2 For State Registrar Only

Registration District No. 2510 Registered No. 63

(For use of Local Registrar)

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 Evylim Estelle Brown } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 0 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 19 1940
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Henry Harrison Brown

(14) NAME BEFORE MARRIAGE Georgia Anna Causey

(9) PRESENT POSTOFFICE OF FATHER North Beach S.C.

(15) PRESENT POSTOFFICE OF MOTHER North Beach S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Socastee, S.C.

(18) BIRTHPLACE Socastee, S.C.

(13) OCCUPATION Farming

(19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 1

(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 9:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Mary Smith

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife North Beach - C.

Given name added from a supplemental report

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

_____, 1940

(27) Filed Dec. 19 1940 (28) Edgar A. Stalvey 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.

McGraw-Hill Publishing Co. FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5. TWIN RECORD.