

FORM NO. 2

(1) PLACE OF BIRTH

County of Florence
 Township of Cains

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

76991

Inc. Town of Registration District No. 2-251 Registered No. 91
 or
 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 Roman Hughes } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH August 31, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Mellie Hughes

(9) PRESENT POSTOFFICE OF FATHER Pamphila, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Pamphila, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.
 (14) NAME BEFORE MARRIAGE Mellie Jones

(15) PRESENT POSTOFFICE OF MOTHER Pamphila, S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Pamphila, S.C.

(19) OCCUPATION Laborer

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12 o'clock on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Hughes

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Pamphila, S.C.

Given name added from a supplemental report

....., 191.....

.....

..... Registrar

(26) Witness Dr. H. Calman

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

(27) Filed Sept 2-16 (28) E. L. Uloutgomery 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.