

FORM NO. 2.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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
64421

Registration District No. 2/106

Registered No. 71

(For use of Local Registrar)

(2) Full Name of Child

Henry Pyatt

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

(3) <input checked="" type="checkbox"/> BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) <input checked="" type="checkbox"/> Yes Married?	(7) DATE OF BIRTH June 10 1916
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)	
FATHER.			MOTHER.	
(8) FULL NAME William Pyatt			(14) NAME BEFORE MARRIAGE Patsy Knox	
(9) PRESENT POSTOFFICE OF FATHER Brook Green			(15) PRESENT POSTOFFICE OF MOTHER Brook Green	
(10) COLOR OR RACE Negro	(11) AGE AT LAST BIRTHDAY 50	(16) COLOR OR RACE Negro		
(Years)		(17) AGE AT LAST BIRTHDAY 38		
(12) BIRTHPLACE Georgetown Co. S.C.		(18) BIRTHPLACE Georgetown Co. S.C.		
(13) OCCUPATION Farmer			(19) OCCUPATION House wife	
(20) Number of children born to mother, including present birth 13			(21) Number of children of this mother now living, including present birth 6	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(23) (Signature) Choe Lancer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

Registrar

(26) Witness

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

(27) Filed

JUNE 20 1916

(28)

At. Lancer
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