

FORM NO. 2

(1) PLACE OF BIRTH

County of LexingtonTownship of SaludaInc. Town of  
or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Carl Wise

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

File No.—For State Registrar Only

65291

Registration District No. 3!!! Registered No. 23  
(For use of Local Registrar)

St.; ..... Ward

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 1 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Geo Wise</u>	(14) NAME BEFORE MARRIAGE <u>Emma Shepard</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Little Mountain</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Little Mountain S.C.</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Lexington Co S.C.</u>	(18) BIRTHPLACE <u>Lexington Co S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</u>			
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother new living, including present birth <u>5</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born Alive at .....  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amanda Colwell(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little Mountain 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 July 17 1916 (28) S. C. H. ... 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 RESERVE FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.