

FORM NO. 2

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

(1) PLACE OF BIRTH

County of Anderson

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

71315

Township of Servannahor
Inc. Town ofRegistration District No. 3.11Registered No. E 3or
City of(No. FALM VEKLEY BRICK)

(For use of Local Registrar)

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

(2) Full Name of Child. Ralph Brock

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

(3) SEX OR OR	(4) TWINS or	(5) Number in order of birth	(6) PAINTS or	(7) DATE BIRTH
<u>Boy</u>	<u>Twins</u>	<u>1</u>	<u>Yes</u>	<u>Aug 29 1914</u>
FATHER.			MOTHER.	
(8) FULL NAME	<u>Abner Brock</u>		(14) NAME BEFORE MARRIAGE	<u>Eliza Kicking</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Stark SC</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Stark SC</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>white</u>	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY
<u>white</u>	<u>39</u>	(Years)	<u>white</u>	<u>38</u>
(12) BIRTHPLACE	<u>Anderson Co SC</u>		(18) BIRTHPLACE	<u>Hart-Co Ga</u>
(13) OCCUPATION	<u>farmer</u>		(19) OCCUPATION	<u>house keeper</u>
(20) Number of children born to mother, including present birth	<u>5</u>		(21) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. Leasly

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Hudwell gaGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept-1-1914(28) E. J. Jones

Local Registrar.

*When there was no attending physician or midwife, then the father, household, 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.

McGraw-Hill of Columbia