

FORM NO. 2

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

County of Anderson STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
Township of Savannah State Board of Health

File No.—For State Registrar Only

71315

Inc. Town of Registration District No. 3.11 Registered No. E 3
(For use of Local Registrar)
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 Ralph Brock If child is not yet named, make supplemental report as directed(3) SEX OR Boy (4) TWINS OR TRIPLETS Twins (5) Number in order of birth 1st (6) Parents Married (7) DATE OF BIRTH Aug. 29, 1914
(Name of Month) (Day) (Year)

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 <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(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>8</u>	(21) Number of children of this mother now living, including present birth <u>6</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 Huntwell Ga

Given name added from a supplemental report

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

(27) Filed Sept. 1, 1914 (28) J. A. 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. 3. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia