

FORM NO. 2

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71316

(1) PLACE OF BIRTH

County of AndersonTownship of Sanannah

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.)

Registration District No. 311Registered No. 64

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Ruth Brock

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

(3) BOY OR GIRL girl(4) Twin or Triplet no

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

Abner Brock

(14) NAME BEFORE MARRIAGE

Eliza Wickey

(9) PRESENT POSTOFFICE OF FATHER

Stark SC

(15) PRESENT POSTOFFICE OF MOTHER

Stark SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

39

(Years)

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Anderson Co SC

(18) BIRTHPLACE

Hart Co Ga

(13) OCCUPATION

farmer

(19) OCCUPATION

housekeeper

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

six

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

six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. S. Gansley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Hartwell Ga

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Sept 16 1916

(28)

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.

Report made by father of child

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, of Columbia