

MARGIN INCREASED FOR HANDING.
FORM NO. 2
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.

(1) PLACE OF BIRTH
County of Spaulding
Township of Spaulding
or
Inc. Town of
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
44702

Registration District No. 4008 Registered No. 379
(For use of Local Registrar)

(2) Full Name of Child. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 15 1915
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wm. J. ...
(9) PRESENT POSTOFFICE OF FATHER Loc 2910 SC
(10) COLOR OR RACE Wm (11) AGE AT LAST BIRTHDAY 47 (Years)
(12) BIRTHPLACE Wm ...
(13) OCCUPATION ...
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE ...
(15) PRESENT POSTOFFICE OF MOTHER ...
(16) COLOR OR RACE Wm (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE ...
(19) OCCUPATION ...
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born at 6 P.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
(23) (Signature) ...
(24) State whether Physician or Midwife (25) Address of Physician or Midwife ...

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 Dec 15 1915 (28) C. B. Parker 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.
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