

FORM NO. 2.

(1) PLACE OF BIRTH
 County of Windsor
 Township of Living
 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.)

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

File No.—For State Registrar Only
54029

Registration District No. 4302 Registered No. 735
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH March 29, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Esamble

(9) PRESENT POSTOFFICE OF FATHER Kingstree

(10) COLOR OR RACE W. C. (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Windsor

(13) OCCUPATION Farmer

(16) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Winnie Fullin

(15) PRESENT POSTOFFICE OF MOTHER Kingstree

(16) COLOR OR RACE W. C. (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Windsor

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. H. M.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Kingstree

Given name added from a supplemental report

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

(27) Filed Apr 8, 1916 (28) B. B. Larkins 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 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.

McCaw, of Columbia.