

FORM NO. 2

9/13/23

(1) PLACE OF BIRTH

County of Edgefield

Township of

or
Inc. Town of

or
City of Clinton

(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

Registration District No. 16/4

File No.—For State Registrar Only
20835

Registered No. 42
(For use of Local Registrar)

(2) Full Name of Child Rae M. Mendenhall

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

(3) BOY OR GIRL <u>GIRL</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Married Married? <u>No</u>	(7) DATE OF BIRTH <u>July 21</u> (Name Month) (Day) (Year)
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FATHER.

(8) FULL NAME Albert Mendenhall

(9) PRESENT POSTOFFICE OF FATHER Clinton, S.C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE Ward, S.C.

(13) OCCUPATION farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Frances Ottaway

(16) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.

(17) COLOR OR RACE Colored

(18) AGE AT LAST BIRTHDAY 20
(Years)

(19) BIRTHPLACE Clinton, S.C.

(20) OCCUPATION Housekeeper

(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 alive at 4:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Diana H. Mendenhall

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplemental report

..... 101

..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Date Aug 9 23

(28) L. Mendenhall Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.