

FORM NO. 2

(1) PLACE OF BIRTH
 County of Richmond SOUTH CAROLINA.
 Township of Langley
 Inc. Town of
 City of Near Langley
 (If birth occurs in a hospital or institution, give name of same instead of street and number.)
 File No. — For State Register Use
30700
 Registration District No. X.1.7.5 Registered No. 192
 (For use of Local Registrar)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Matthew McMorris
 (3) SEX Male (4) Twin or Triplet? No (5) Age Parents Married? 11 (6) DATE OF BIRTH Oct 10
 (7) NAME BEFORE MARRIAGE Eller Morris
 (8) PRESENT ADDRESS OF MOTHER Beach, S.C.
 (9) COLOR OR RACE Color (10) AGE AT LAST BIRTHDAY 24
 (11) BIRTHPLACE Wear, S.C.
 (12) OCCUPATION Sanitary work
 (13) Number of children born to mother, including present birth 3
 (14) Number of children of this mother now living, including present birth 1
 (15) SIGNATURE OF FATHER Matthew McMorris
 (16) SIGNATURE OF MOTHER Maria Cochrane
 (17) SIGNATURE OF PHYSICIAN OR MIDWIFE Midwife
 (18) ADDRESS OF PHYSICIAN OR MIDWIFE 14 Augusta St.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (19) I hereby certify that I attended the birth of this child, who was alive at (Born alive or stillborn) (Mark A. or B.)
 on the date above stated.
 (20) SIGNATURE OF PHYSICIAN OR MIDWIFE Midwife
 (21) ADDRESS OF PHYSICIAN OR MIDWIFE 14 Augusta St.

Given name added from a supplemental report
 (22) SIGNATURE OF WITNESS L.W. Spradley
 (23) ADDRESS OF WITNESS 14 Augusta St.

*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 be reported. No reports desired of stillbirths before the month of pregnancy.

MAINTAINED FOR RECORD

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 1.

McCoy, of Columbia