

FORM NO. 2

(1) PLACE OF BIRTH

County of YasherTownship of CrossINC. TOWN of Ellenwood

(City of

(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

43328

Registration No. 85

(For use of Local Registrar)

No. 1

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

2. Full Name of Child Lezzie Mess

GIRL?

(a) Twin or Triplet?

(b) Number in order of birth

to be entered only in case of Twin or Triplet

(c) Are Parent Married?

(d) DATE OF BIRTH

(Name of Month) (Day) (Year)

MAY 1911

FATHER

FULL NAME

Tom Mess

PRESENT POSTOFFICE OF FATHER

Wm. C. Mess

COLOR OR RACE

(a) AGE AT LAST BIRTHDAY

BIRTHPLACE

W. C. Mess

OCCUPATION

Public mess

Number of children born to mother including present birth

15

(14) NAME OF MARRIED

Agnes James

(15) PRESENT POSTOFFICE OF MOTHER

Ellenwood

(16) COLOR OR RACE

Negro

(17) BIRTHPLACE

Stafford

(18) OCCUPATION

Farmer

(19) Number of children of the father and living, including present birth

11

CERTIFICATE OF SYNDICAL PHYSICIAN (to be completed by the physician)

I hereby certify that I attended the birth of this child, who was born on the date above stated.

(20) (Signature)

(21) Date of birth of child

(22) Name of child

(23) Name of mother

(24) Name of father

(25) Name of physician

(26) Name of hospital

(27) Name of doctor

(28) Name of nurse

(29) Name of midwife

(30) Name of other person

(31) Name of other person

(32) Name of other person

(33) Name of other person

(34) Name of other person

(35) Name of other person

(36) Name of other person

(37) Name of other person

(38) Name of other person

(39) Name of other person

(40) Name of other person

(41) Name of other person

(42) Name of other person

(43) Name of other person

(44) Name of other person

MARLIN HENDERSON FOR BIRTHING.

WITH PLAIN, WITH UNPAIDING IN. 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 2.

Give name added from a companion or report

NAME

DATE

CH. 1. Name

(Signature of physician only)

CH. 2. Name

CH. 3. Name

CH. 4. Name

CH. 5. Name

CH. 6. Name

CH. 7. Name

CH. 8. Name

CH. 9. Name

CH. 10. Name

CH. 11. Name

CH. 12. Name

CH. 13. Name

CH. 14. Name

CH. 15. Name

CH. 16. Name

CH. 17. Name

CH. 18. Name

CH. 19. Name

CH. 20. Name

CH. 21. Name

CH. 22. Name

CH. 23. Name

CH. 24. Name

CH. 25. Name

CH. 26. Name

CH. 27. Name

CH. 28. Name

CH. 29. Name

CH. 30. Name

CH. 31. Name

CH. 32. Name

CH. 33. Name

CH. 34. Name

CH. 35. Name

CH. 36. Name

CH. 37. Name

CH. 38. Name

CH. 39. Name

CH. 40. Name

CH. 41. Name

CH. 42. Name

CH. 43. Name

CH. 44. Name

CH. 45. Name

CH. 46. Name

CH. 47. Name

CH. 48. Name

CH. 49. Name

CH. 50. Name

CH. 51. Name

CH. 52. Name

CH. 53. Name

CH. 54. Name

CH. 55. Name

CH. 56. Name

CH. 57. Name

CH. 58. Name

CH. 59. Name

CH. 60. Name

CH. 61. Name

CH. 62. Name

CH. 63. Name

CH. 64. Name

CH. 65. Name

CH. 66. Name

CH. 67. Name

CH. 68. Name

CH. 69. Name

CH. 70. Name

CH. 71. Name

CH. 72. Name

CH. 73. Name

CH. 74. Name

CH. 75. Name

CH. 76. Name

CH. 77. Name

CH. 78. Name

CH. 79. Name

CH. 80. Name

CH. 81. Name

CH. 82. Name

CH. 83. Name

CH. 84. Name

CH. 85. Name

CH. 86. Name

CH. 87. Name

CH. 88. Name

CH. 89. Name

CH. 90. Name

CH. 91. Name

CH. 92. Name

CH. 93. Name

CH. 94. Name

CH. 95. Name

CH. 96. Name

CH. 97. Name

CH. 98. Name

CH. 99. Name

CH. 100. Name