

FORM NO. 2
 McCaw, of Columbia
 M.D.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 WRITER PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 AGAINST MISREPRESENTATION AND FRAUD.

(1) PLACE OF BIRTH
 County of Wm.burg
 Township of Hope
 or
 Inc. Town of _____
 or
 City of _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 4 Registered No. 184
 (For use of Local Registrar)
 St.; _____ Ward)
 (2) Full Name of Child L. Loris Lee Hogan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 24 1951
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.
 (8) FULL NAME Sam W Hogan
 (9) PRESENT POSTOFFICE OF FATHER Greelyville
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Mill Operative
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Louise m Lard
 (15) PRESENT POSTOFFICE OF MOTHER Greelyville
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (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 alive, at 7:30 a.m. (Hour A. M. or P. M.)
 (Born alive or stillborn)
 (23) (Signature) Isaac H. Boyd, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Sallisport S.C.

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 24 19151 (28) Isaac H. Boyd 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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