

FORM NO. 2

(1) PLACE OF BIRTH

County of Blaine

Township of Camms

Inc. Town of Wyness

City of Wyness

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52143

Registration District No. 2001

Registered No. 26

(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child.

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar. 16, 1946</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME Boysey Trahier

(14) NAME BEFORE MARRIAGE Lucinda Heyward

(9) PRESENT POSTOFFICE OF FATHER Wyness SC

(15) PRESENT POSTOFFICE OF MOTHER Wyness SC

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 41 (Years)

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Georgetown SC

(18) BIRTHPLACE Georgetown SC

(13) OCCUPATION Farm Hand

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 10

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Road (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Payplacaw SC

Given name added from a supplemental report

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

(27) Filed Mar 15 1946 (28) E. L. Montgomery 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.

McCraw of Columbia