

FORM NO. 2.

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town ofor
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

58166

(2) Full Name of Child Nora Jane Brannon

(3) BOY OR GIRL? F (4) Twin or Triplet? No (5) Number in order of birth 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 17 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thas Brannon(9) PRESENT POSTOFFICE OF FATHER York R 7 D 7(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE York Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Glenn(15) PRESENT POSTOFFICE OF MOTHER York R 7 D 7(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)(18) BIRTHPLACE York Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Bellevue at 8:30 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) M. J. Winder(24) State whether Physician or Midwife MD (25) Address of Physician or Midwife York SC

Given name added from a supplemental report

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

(27) Filed Apr 18 1916 (28) Geo. J. Barrows 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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(Year)

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No. 2.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, with one mark, the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia