

FORM NO. 2.

(1) PLACE OF BIRTH

County of ColletonTownship of Box 100

Inc. Town of

City of

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

(2) Full Name of Child Lanning Grey

File No.—For State Registrar Only

45906

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1503Registered No. 8

(For use of Local Registrar)

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Jan. 11, 1916
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME

W E Meers

(9) PRESENT POSTOFFICE OF FATHER

Islandton

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

49
(Years)

(12) BIRTHPLACE

Colleton Co.

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma M. Mendenhall

(15) PRESENT POSTOFFICE OF MOTHER

Islandton S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33
(Years)

(18) BIRTHPLACE

Colleton Co.

(19) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:00 P. M., on the date above stated.
(Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Laurie A. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

J. E. Polk
(Signature of Witness necessary only when question 23 is signed or marked)(27) Filed 14

1916

(28)

G. J. Polk
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. R.—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.
 McCaw, of Columbia