

FORM NO. 2.

## (1) PLACE OF BIRTH

County of UnionTownship of Strossor  
Inc. Town of S.L.C.City of ..... (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 Sage Gilliam } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of Twin or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 10, 1914  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Magger Gilliam(9) PRESENT POSTOFFICE OF FATHER Bedalia S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Union S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 5 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Sage(15) PRESENT POSTOFFICE OF MOTHER Bedalia S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Union S.C.(19) OCCUPATION House Keeper(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 born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. F. Mosely (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Stross S.C.

Given name added from a supplemental report

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

(27) Filed 1914 (28) Dr. Mosely 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.

M. H.—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.

McCauley, of Columbia

File No.—For State Registrar Only

50642