

Form No. 2

(1) PLACE OF BIRTH

County of *Abbeville*Township of *Landonville*

Inc. Town of

(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

Registration District No. *102*

File No.—for State Registrar Only

26801

Registered No. *148*
(For use of Local Registrar)(2) Full Name of Child *John Roger Cuthbert*

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

(3) SEX OR
CHILD *Boy*(4) Twin
or Triplet
To be answered only in case of Twin or Triplet(5) Number in
order of birth(6) Age
Parent
Married(7) DATE OF
BIRTH *Feb 6 1923*
(Month) (Day) (Year)

FATHER.

(8) FULL
NAME *Monroe Cuthbert*(9) PRESENT
RESIDENCE
OF FATHER *Landonville S.C.*(10) COLOR
OR
RACE *white*(11) AGE AT LAST
BIRTHDAY *28*
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(14) Number of children born to
mother, including present birth *2*

MOTHER.

(15) NAME BEFORE
MARRIAGE *R. B. Waters*(16) PRESENT
RESIDENCE
OF MOTHER *Landonville S.C.*(17) COLOR
OR
RACE *white*(18) AGE AT LAST
BIRTHDAY *28*
(Years)(19) BIRTHPLACE *S.C.*(20) OCCUPATION *Housewife*(21) Number of children of this mother
now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Blair C. DeLoach*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *Feb 10 1923*(28) *J. M. DeLoach*
Local RegistrarWhen there was no attending physician or midwife, then the father, householders, 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.

N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and write the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.