

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.

McCaw, of Columbia.

FORM NO. 2		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
(1) PLACE OF BIRTH		STATE OF SOUTH CAROLINA.		72998	
County of Greenville		Bureau of Vital Statistics			
Township of Greenville		State Board of Health			
Inc. Town of		Registration District No. 2209		Registered No. 412	
City of		(No. 67 American Legion Co)		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? girl		(4) Twin or Triplet?		(5) Number in order of birth	
To be answered only in event of Twins or Triplets					
(6) Are Parents Married?		(7) DATE OF BIRTH Aug 12 1916		(Name of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME Thos A. Sigmore		(14) NAME BEFORE MARRIAGE Julia Robinson			
(9) PRESENT POSTOFFICE OF FATHER Greenville		(15) PRESENT POSTOFFICE OF MOTHER Greenville			
(10) COLOR OR RACE White		(11) AGE AT LAST BIRTHDAY 55		(16) COLOR OR RACE White	
		(Years)		(17) AGE AT LAST BIRTHDAY 36	
				(Years)	
(12) BIRTHPLACE Greenville Co		(18) BIRTHPLACE Abbeville Co			
(13) OCCUPATION Mill Supt		(19) OCCUPATION House wife			
(20) Number of children born to mother, including present birth 4		(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 alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) W. E. Wright					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
191...		(27) Filed Sept 3 1916 (28) a H. Mackey 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.					