

FORM NO. 2

(1) PLACE OF BIRTH

County of Port Royal

Township of Port Royal

Inc. Town of Port Royal

City of Port Royal

(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

Department of Vital Statistics

State Board of Health

Registration District No. 600

Registered No. 210

(For use of Local Registrar)

(2) Full Name of Child Christina Polite

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

(3) SEX-OR GIRL?	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Age at birth Months Years	(7) DATE OF BIRTH <u>11 24 23</u> (Month of Birth) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Garfield Green</u>			(14) NAME BEFORE MARRIAGE <u>Mary Polite</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Port Royal</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Port Royal</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	(18) BIRTHPLACE <u>S. C.</u>
(12) BIRTHPLACE <u>S. C.</u>	(13) OCCUPATION <u>Labourer</u>	(19) BIRTHPLACE <u>S. C.</u>	(20) OCCUPATION <u>Labourer</u>	
(21) Number of children born to mother, including present birth <u>1</u>			(22) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Alive at 7 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Nathan L. Singleton

(25) State whether Physician or Midwife Physician

Given name and name of child

(26) Witness M. B. Cope

(Signature of Witness necessary only
when question 25 is signed by mark)

(27) Filed 11 29 23 at M. B. Cope

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 1.