

FORM NO. 2.

(1) PLACE OF BIRTH

County of Greenwood

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No. For State Registrar Only
77375Township of Greenville

or

Inc. Town of

Registration District No. 2701 Registered No. 26
(For use of Local Registrar)

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. Mattie Lee Louis

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

(6) Are Parents Married? No(7) DATE OF BIRTH Sept 24 1916
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME

Yves Louis

(9) PRESENT POSTOFFICE OF FATHER

Epworth

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

21 (Years)

(12) BIRTHPLACE

Greenwood

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Eliza Butler

(15) PRESENT POSTOFFICE OF MOTHER

Epworth

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

20 (Years)

(18) BIRTHPLACE

Greenwood

(19) OCCUPATION

Turn Server

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margie Ann Pope

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Church

Given name added from a supplemental report

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

(27) Filed Sept 24 1916 (28) W. D. King 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.

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.

M. M. (M. M.)
Wife
P. C.
Strat.
rn. If the