

FORM NO. 2

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

File No.—For State Registrar Only

45050

Registration District No. 1808

Registered No. 3

(For use of Local Registrar)

St.: Ward:

2) Full Name of Child

Willie Brooks

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

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?

Yes

DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

FULL NAME

Willie Brooks

PRESENT POSTOFFICE OF FATHER

Edgemoor

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30 (Years)

(12) BIRTHPLACE

Edgemoor Co

(13) OCCUPATION

Farm Hand

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Vivie Miller

(15) PRESENT POSTOFFICE OF MOTHER

Edgemoor

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20 (Years)

(18) BIRTHPLACE

Aiken Co

(19) OCCUPATION

House Duties

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Carolina M. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

1916

(28)

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.

WHITE PLAINS, WITH CAPACITIES FOR THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark for FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.

McKay, of Columbia