

MARGIN RESERVED FOR BINDING.

FORM NO. 2

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.

State of Columbia.

(1) PLACE OF BIRTH
County of Newberry
Township of 1st
or
Inc. Town of
or
City of Oakland Mills
(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
23304

Registration District No. 3408 Registered No. 47
(For use of Local Registrar)

(2) Full Name of Child Mary L. Laddie { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? None (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH May 21 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME M. L. Laddie Sr.
(9) PRESENT POSTOFFICE OF FATHER Clinton, C. R. R. #3
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Merchant
(14) Number of children born to mother, including present birth Six

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Knight
(15) PRESENT POSTOFFICE OF MOTHER Clinton, S. C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1710 N. A. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 1710 N. A. M.

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 July 1 1922 (28) [Signature] 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.

*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.