

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

Form No. 2

(1) PLACE OF BIRTH

County of Beaufort
Township of "
or
Inc. Town of "
or
City of "

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
88522

Registration District No. 600 Registered No. 126A
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Laura Shepherd (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth. 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jerniah Shepherd
(9) PRESENT POSTOFFICE OF FATHER Burton SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Virginia
(13) OCCUPATION Cook
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Laura Hamilton
(15) PRESENT POSTOFFICE OF MOTHER Burton SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE AL
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs C. N. Hamilton
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Beaufort

Given name added from a supplemental report

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

(27) Filed Dec 20 1916 (28) WM Davis 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.