

FORM NO. 2
MADE IN RECEIVED FOR BIRTHING.
WRITING 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.
McGraw-Hill, of Columbia

(1) PLACE OF BIRTH

County of Blueington
Township of Huldsore
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

45981

Registration District No. 1502 Registered No. B
(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 John Henry Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 931 (5) Number in order of birth 28 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1. 21. 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Henry
(9) PRESENT POSTOFFICE OF FATHER Hartsville
(10) COLOR OR RACE African (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Hartsville
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Genie Jackson
(15) PRESENT POSTOFFICE OF MOTHER Hartsville
(16) COLOR OR RACE African (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE Hartsville S.C.
(19) OCCUPATION Housekeeping
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2. 01 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. B. Davis (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 31. 1916 (28) A. B. 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.

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