

FORM NO. 2

(1) PLACE OF BIRTH

County of Charleston

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  
**24300**

Registration District No. 1514

Registered No. 49  
(For use of Local Registrar)

(2) Full Name of Child Sarah Mary Lunsford

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 2 1914</u> (Name of Month) (Day) (Year)
(8) FATHER FULL NAME <u>John Lunsford</u> PRESENT POSTOFFICE OF FATHER <u>York</u> COLOR OR RACE <u>Colored</u> BIRTHPLACE <u>South Carolina</u> OCCUPATION <u>Farmer</u> Number of children born to mother, including present birth <u>5</u>			(9) MOTHER NAME BEFORE MARRIAGE <u>John Lunsford</u> PRESENT POSTOFFICE OF MOTHER <u>York</u> COLOR OR RACE <u>White</u> BIRTHPLACE <u>South Carolina</u> OCCUPATION <u>Farmer</u> Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended the birth of this child, who was .....  
on the date above stated. (Born alive or stillborn) (M. or F. M.)  
(13) (Signature) [Signature]  
(14) State whether Physician or Midwife (15) Address of Physician or Midwife

Given name added from a supplemental report  
.....  
Registrar

(16) Witness (Signature of .....)  
(17) Filed 1914 (18) [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.

FIRST-BORN N. No. 1. THE OTHER N. No. 2. etc., in Question 1.

Name of Child