

FORM NO. 2  
 MAIN IN RESERVES 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 8.  
 McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Saltwater  
 Township of 7-7  
 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  
**50374**

Registration District No. 3-9-16 Registered No. 2  
 (For use of Local Registrar)

(2) Full Name of Child John Washington Bush If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 2 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Floyd B. Bush</u>			(14) NAME BEFORE MARRIAGE <u>Kora Johnson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Johnston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Johnston S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Edgefield S.C.</u>			(18) BIRTHPLACE <u>Wt Wilking</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 A. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Stone M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
June 29 1916  
W. C. Stone  
Regist. Registrar

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

(27) Filed Jan 2 1916 (28) W. C. Stone 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.