

FORM NO. 2.

(1) PLACE OF BIRTH

County of Greenville

Township of Oak Lawn

or Inc. Town of

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

15408

Registration District No. 2710 Registered No. 3
(For use of Local Registrar)

(2) Full Name of Child Oliver

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 2

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 24 1914
(Name of Month) (Day) (Year)

In be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Thaddeus Travis

(9) PRESENT POSTOFFICE OF FATHER Pelzer NC 4

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Wora Jordan

(15) PRESENT POSTOFFICE OF MOTHER SC Pelzer

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(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 alive, at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Jordan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pelzer SC

Given name added from a supplemental report

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

(27) Filed Jan 1914 (28) W. J. Jordan 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.

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.

McCaw, of Columbia