

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 1.

McCur, of Columbia.

FORM NO. 2

(1) PLACE OF BIRTH

County of Port Royal

Township of Port Royal

Inc. Town of Port Royal

City of Port Royal

(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

5990

Registration District No. 600 Registered No. 13

(For use of Local Registrar)

(2) Full Name of Child Rosa Mae Taylor

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH 2, 11, 23 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Taylor

(9) PRESENT POSTOFFICE OF FATHER Port Royal

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Laborer

(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Gardner

(15) PRESENT POSTOFFICE OF MOTHER Port Royal

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

(18) BIRTHPLACE S. C.

(19) OCCUPATION House wife

(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret Taylor

(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife

(Given name added from a supplemental report)

(26) Witness M. B. Cope (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 2, 17, 1923 (28) M. B. Cope 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.