

FORM NO. 2
MARGO...
WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
McCauley of Columbia

(1) PLACE OF BIRTH		COUNTY OF <u>Baileys</u>		CERTIFICATE OF BIRTH	
TOWNSHIP OF <u>3 Mile</u>		OR		STATE OF SOUTH CAROLINA.	
INC. TOWN OF <u>Edwards</u>		OR		Bureau of Vital Statistics	
CITY OF <u>RFD</u>		OR		State Board of Health	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registration District No. <u>404</u>		Registered No. <u>54</u>	
(2) Full Name of Child <u>Mary Ida Copeland</u>		St. <u>...</u> Ward <u>...</u>		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 7</u> 191 <u>6</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Otis Lee Copeland</u>			(14) NAME BEFORE MARRIAGE <u>Ruby Freeman</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Edwards SC-RFD</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Edwards SC RFD</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Baileys Co.</u>			(18) BIRTHPLACE <u>Gallitons Co. Ga</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11 A. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. L. Copeland M.D.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Physician Edwards S.C.</u>					
Given name added from a supplemental report					
191 <u>6</u>					
Registrar					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>June 9, 1916</u> (28) <u>E. J. Herndon</u> Local Registrar					

*When there was no attending physician or midwife, when 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.