

FORM NO. 2 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.
McCart of Columbia.

(1) PLACE OF BIRTH

County of

Township of

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
71723

Registration District No. 24 A Registered No. 845

(For use of Local Registrar)

(2) Full Name of Child. Patsy Wells

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Wells

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Charleston County

(13) OCCUPATION

Labour in Saw Mill

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Lottie Linn

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Charleston County

(19) OCCUPATION

Domestic

(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 born alive or stillborn, on the date above stated.

(23) (Signature)

Lucy J. Green

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

17th Street

Given name added from a supplemental report

(26) Witness

Jose A. B. Meyer

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

(27) Filed

8-19-1916

(28)

John McLean M.D.

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.

When a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.