

FORM NO. 2. MARCIN RESERVED FOR BIRTH RECORD.
 VALUE PLAIN, WITH UNLACED ENVELOPE & SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH **Burnwell** **CERTIFICATE OF BIRTH**
 County of **Burnwell** STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of **Bladen** State Board of Health
 or
 Inc. Town of Registration District No. **504** Registered No. **92**
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
84409

(2) Full Name of Child **Effie Press** } If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? BOY GIRL
 (4) TWINS OR TRIPLETS? TWINS TRIPLETS
To be answered only in event of twins or triplets
 (5) Number in order of birth **1**
 (6) Are Parents Married? YES NO
 (7) DATE OF BIRTH **Nov 27, 1916**
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Clarence Press**
 (9) PRESENT POSTOFFICE OF FATHER **Bladen Co**
 (10) COLOR OR RACE **Negro** (11) AGE AT LAST BIRTHDAY **26** (Years)
 (12) BIRTHPLACE **Burnwell Co**
 (13) OCCUPATION **Farm Laborer**
 (14) Number of children born to mother, including present birth **4**

MOTHER.

(14) NAME BEFORE MARRIAGE **Essuel Reed**
 (15) PRESENT POSTOFFICE OF MOTHER **Bladen Co**
 (16) COLOR OR RACE **Negro** (17) AGE AT LAST BIRTHDAY **25** (Years)
 (18) BIRTHPLACE **Burnwell Co**
 (19) OCCUPATION **Farm Laborer**
 (20) Number of children of this mother now living, including present birth **2**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was **Alive** at **10 P** M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)
 (23) (Signature) **D. H. Duggan**
 (24) State whether Physician or Midwife Physician Midwife
 (25) Address of Physician or Midwife

Given name added from a supplemental report 191....
 Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 191.... (28) 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.