

FORM NO. 2.

(1) PLACE OF BIRTH  
 County of Williamston  
 Township of Jackson  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
44959

Registration District No. 1304 Registered No. 166  
 (For use of Local Registrar)  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Burnis Dallard } 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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 2, 1911  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Joe Dallard  
 (9) PRESENT POSTOFFICE OF FATHER Henry S.C.  
 (10) COLOR OR RACE Wego (11) AGE AT LAST BIRTHDAY 50 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Iron hand  
 (20) Number of children born to mother, including present birth } ..... 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Marie Sessin  
 (15) PRESENT POSTOFFICE OF MOTHER Army  
 (16) COLOR OR RACE Wego (17) AGE AT LAST BIRTHDAY 18 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Nurse  
 (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 at ..... P. M.,  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Chas. L. Simpson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Army St.

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness A. H. God  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 18, 1911 (28) A. H. God Local Registrar

MARGIN RESERVED FOR INDEXING.  
 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.

\*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.