

FORM NO. 2.

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

(3) BOY OR 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?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

{ ..... 2

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(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 ..... at ..... P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) ..... 2. Sampson

(24) State whether Physician or 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 ..... 1910

(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.

MARGIN RESERVED FOR BINDING.  
WHITE 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

44959

County of *Williamson*  
Township of *Johnson*

or

Inc. Town of

or

City of

Registration District No. *1304* Registered No. *166*  
(For use of Local Registrar)

## (2) Full Name of Child

*Burniss 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

To be answered only in event of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Joe Dallard*

(9) PRESENT POSTOFFICE OF FATHER

*Henry S. C.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

*S. C.*

(13) OCCUPATION

*Farmer*

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

{ ..... 2

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Marie Sessin*

(15) PRESENT POSTOFFICE OF MOTHER

*Henry*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

*S. C.*

(19) OCCUPATION

*Housewife*

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

{ ..... 2

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(23) (Signature) ..... 2. Sampson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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