

FORM NO. 2.

(1) PLACE OF BIRTH

County of Greenwood

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

77374

Township of Brown

Inc. Town of

Registration District No. 2301 Registered No. 95
(For use of Local Registrar)

City of

(No. Rayport St.; Rayport Ward)

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

(2) Full Name of Child Rogers Martin

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

No

(7) DATE OF BIRTH

Sept 20 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jack Martin

(9) PRESENT POSTOFFICE OF FATHER

Wicks Dix

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Edgewood

(13) OCCUPATION

Farm Laborer

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

Four

(14) NAME BEFORE MARRIAGE

Sarah Rayport

(15) PRESENT POSTOFFICE OF MOTHER

Wicks Dix

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Greenwood

(19) OCCUPATION

Farm Laborer

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

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive 4 u M.,
on the date above stated. Born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature)

Mary Rayport

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Wicks Dix

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

Sept 20 1916

(28)

W. D. King

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.

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.