

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52038

Registered No. 3
(For use of Local Registrar)

(2) Full Name of Child

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

(6) Are Parents Married?

(7) DATE OF BIRTH

March 17

1906

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Pinkney Abney

(9) PRESENT POSTOFFICE OF FATHER

Edgefield

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

45 (Years)

(12) BIRTHPLACE

Edgefield Co

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Lykone

(15) PRESENT POSTOFFICE OF MOTHER

Edgefield

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

28 (Years)

(18) BIRTHPLACE

Edgefield Co

(19) OCCUPATION

House Wife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Francis Mitchell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

March 20 1906

(28)

F. A. Zimmerman

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

MAILED FEBRUARY 20 1906
STATE BOARD OF HEALTH
RECEIVED