

FORM NO. 2
 MAINTAIN PERMANENT FILE IN THIS RECORD.
 WHEN FILLING, WITH UNFOLDING TAB—THIS IS A PERMANENT RECORD.
 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 8.

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

File No.—For State Registrar Only
 47557

(1) PLACE OF BIRTH
 County of Sumter
 Township of Shiloh
 Inc. Town of Registration District No. 4107 Registered No. 12
 (For use of Local Registrar)
 City of (No.) (Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Greshion Lawrence

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1 25 6
 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME R. Calhoun Tomlinson (14) NAME BEFORE MARRIAGE Charlie Lavett
 (9) PRESENT POSTOFFICE OF FATHER So Lynahburg SC (15) PRESENT POSTOFFICE OF MOTHER Lynchburg SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
 (Years) (Years)
 (12) BIRTHPLACE Sumter Co SC (18) BIRTHPLACE Sumter Co SC
 (13) OCCUPATION Farming (19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:45 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Patach m.d.
 (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 2-5 1916 (28) S. B. McElroy 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.

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