

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

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? *boy*

(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

BIRTH *March 5 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME *Nathaniel Shackston*

(9) PRESENT
POSTOFFICE
OF FATHER *Freemont S.C.*

(10) COLOR *Colored* (11) AGE AT LAST
OR BIRTHDAY *19*
RACE (Years)

(12) BIRTHPLACE
Freemont S.C.

(13) OCCUPATION
Teacher

(20) Number of children born to
mother, including present birth *3*

MOTHER.

(14) NAME BEFORE
MARRIAGE *Lena Quirk*

(15) PRESENT
POSTOFFICE
OF MOTHER *Freemont S.C.*

(16) COLOR *Colored* (17) AGE AT LAST
OR BIRTHDAY *19*
RACE (Years)

(18) BIRTHPLACE
Freemont S.C.

(19) OCCUPATION
Laundress

(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 *born alive* at *2:10* P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *L. B. Morrison*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement
report

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Registrar

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

(27) Filed *Mar 15 1916* (28) *C. E. Smith*
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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fifth month of pregnancy.

THIS FORM NO. 2
MAY BE USED IN ANY CASE OF BIRTH OR DEATH OF A CHILD.
WHEN PLAINLY, WITH UNDAUNTING FAITH—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.