

FORM NO. 2.

(1) PLACE OF BIRTH

County of Greenville  
Township of Fairview

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

49261

Inc. Town of ..... Registration District No. .... Registered No. ....  
(For use of Local Registrar)  
City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marie Herby } 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 2 (6) Are Parents Married? Y (7) DATE OF BIRTH Jan. 16, 1946  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME John S Herby  
(9) PRESENT POSTOFFICE OF FATHER Ft Summ SC  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE Laurie Co SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Blackman  
(15) PRESENT POSTOFFICE OF MOTHER Ft Sum SC  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION Housewife  
(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 alive, at 1:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Ross M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pelzer SC  
Given name added from a supplemental report ..... 191....  
(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Mar 16 1946 (28) F. B. Duckert Local Registrar

MASSIN RESERVED FOR BENDING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. E.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

\*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.