

FORM NO. 2.

(1) PLACE OF BIRTH

County of GreenvilleTownship of Fairview

Inc. Town of _____

(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

49261

Registration District No. _____ Registered No. _____

(For use of Local Registrar)

(2) Full Name of Child Marie Herley

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? _____	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 16, 1926</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>John S Herley</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Ft Summ</u>	
(10) COLOR OR RACE <u>white</u>	
(12) BIRTHPLACE <u>Laurie Co S C</u>	
(13) OCCUPATION <u>Farmer</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Blanch Thomas</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Ft Sum SC</u>	
(16) COLOR OR RACE <u>white</u>	
(18) BIRTHPLACE <u>SC</u>	
(19) OCCUPATION <u>Housewife</u>	

(20) Number of children born to mother, including present birth 2(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 S C

Given name added from a supplemental report _____

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

(27) Filed Mar 16 1916 (28) J. B. Duckert 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.

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.