

FORM NO. 2 MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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.

McCauley of Columbia.

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

Inc. Town of Mill B. Mill

City of Mill B. Mill

(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

77302

Registration District No. 2209

Registered No. 454

(For use of Local Registrar)

(No. 61 Or St Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9 9 1914 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Sw. Shirley

(14) NAME BEFORE MARRIAGE Effie Howard

(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 63 (Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Cotton Mill

(19) OCCUPATION Cotton Mill

(20) Number of children born to mother, including present birth 13

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Greenville 3-30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, 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 Dec 20 1914 (28) A. J. M. [Signature] 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.