

FORM NO. 2.

(1) PLACE OF BIRTH

County of AlbemarleTownship of SchultzInc. Town of N. Aug.City of (No. St.; Ward)

(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

47845

Registration District No. 2-6 Registered No. 171
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Male</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>(Take account only in case of Twin or Triplet)</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 2</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	--------------------------------	--	-------------------------------------	---

FATHER.

MOTHER.

(8) FULL NAME Francis M. Schumacher(14) NAME BEFORE MARRIAGE Josephine Jackson(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY — (Years)(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY — (Years)(12) BIRTHPLACE Pa.(18) BIRTHPLACE Pa.(13) OCCUPATION —(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth —(21) Number of children of this mother now living, including present birth —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Albemarle M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. J. Karpman(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Albemarle, Pa.

Given name added from a supplemental

*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.