

Form No. 2
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.
McCaw, of Columbia

(1) PLACE OF BIRTH
County of Lauderdale
Township of Warren
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
45947

Registration District No. 1410 Registered No. 1
(For use of Local Registrar)

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

(3) BOY OR GIRL? Male (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 14, 1916
(Line of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME John Liffy

(14) NAME BEFORE MARRIAGE Florin Brown

(9) PRESENT POSTOFFICE OF FATHER Sumner S C

(15) PRESENT POSTOFFICE OF MOTHER Sumner S C

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 43 (Years)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Sumner S C

(18) BIRTHPLACE Sumner S C

(13) OCCUPATION Farmer

(19) OCCUPATION House Work

(20) Number of children born to mother, including present birth 5

(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 Alive at on a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laudley Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Sumner S C

Given name added from a supplemental report

(26) Witness L. de la Roca
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 16 1916 (28) L. C. Roca 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.