

Form No. 2

(1) PLACE OF BIRTH

County of ThurstonTownship of Shelby

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

34394

Registration District No. 2065Registered No. 64
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Don't know

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Age Parents Married no(7) DATE OF BIRTH Oct 22

(Month of Month) (Day) (Year)

FATHER

(8) FULL NAME: Don't know

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Rebecca James(15) PRESENT POSTOFFICE OF MOTHER Thurston(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 28

(Year)

(18) BIRTHPLACE Thurston(19) OCCUPATION Farming(21) Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca James

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife and wife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) 10-9-22P. H. Bughan
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.