

FORM NO. 2

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

83846

Registration District No. 4304 Registered No. 132

(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? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct 10 1911

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Waterman

(9) PRESENT POSTOFFICE OF FATHER Horryway SC

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE May Jan Brown

(15) PRESENT POSTOFFICE OF MOTHER Horryway SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) B. A. Higgins

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Nichols Horryway SC

Given name added from a supplemental report

(26) Witness Sam Waterman

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

(27) Filed Oct 19 1911 (28) L. H. Good

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 sixth month of pregnancy.

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.

McGraw-Hill of Columbia