

FORM NO. 2

## (1) PLACE OF BIRTH

County of FlorenceTownship of Cains

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

76989

Registration District No. 2001 Registered No. 89

(For use of Local Registrar)

City of (No. St. Ward)

(2) Full Name of Child Waldo Chappel Brown If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH August 5, 1916 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME D M Brown(9) PRESENT POSTOFFICE OF FATHER Pamplico S.C.(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Forestville S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

## MOTHER

(15) NAME BEFORE MARRIAGE Mary Hyman(16) PRESENT POSTOFFICE OF MOTHER pamplico S.C.(17) COLOR OR RACE Colord (18) AGE AT LAST BIRTHDAY 24 (Years)(19) BIRTHPLACE Orum S.C.(20) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

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

Midwife pamplico 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 Sept 2, 1916 (28) E. L. Montgomery 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.

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.

McCarver, of Columbia