

FORM NO. 2

(1) PLACE OF BIRTH

County of *Morlboro*
Township of *Braconville*

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

78282

Inc. Town of Registration District No. *3303* Registered No. *58*
(For use of Local Registrar)City of (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. *Not named* } If child is not yet named, make supplemental report as directed(3) *Boy* OR (4) Twin or Triplet? (5) Number in order of birth *6* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug. 6*, 19*16*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Moses Peterson*(9) PRESENT POSTOFFICE OF FATHER *Bleichen*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *33* (Years)(12) BIRTHPLACE *Dorling Ice Co*(13) OCCUPATION *Forming*(20) Number of children born to mother, including present birth } *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Aline Anderson*(15) PRESENT POSTOFFICE OF MOTHER *Bleichen*(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *32* (Years)(18) BIRTHPLACE *Florence*

(19) OCCUPATION

(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 *1 a.m.* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mary Jane Pelton*

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

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed *Aug 10 1916*. (28) *R.D. Rogers* Local RegistrarMARGIN 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.
McCary of Columbia.

*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.