

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.  
McClary of Columbia.

FORM NO. 2

(1) PLACE OF BIRTH

County of Morris  
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, 1916  
(Name of Month) (Day) (Year)

FATHER.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Aline Anderson  
(15) PRESENT POSTOFFICE OF MOTHER Blenheim  
(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.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Jane Peterson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Aug 10, 1916. (28) R. D. Rogers 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.