

FORM NO. 2

(1) PLACE OF BIRTH

County of

Beaufort

Township of

or
Inc. Town of*Port Royal*

City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No.

600

Registered No.

B/186

(For use of Local Registrar)

St. _____ Ward _____

(No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child *Richard R. D. Mickle*

(3) BOY OR GIRL

(4) Twin or Triplet? ☒(5) Number in order of birth *X*(6) Are Parents Married? *Yes*

(7) DATE

BIRTH *May 1, 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas Mickle

(9) PRESENT POSTOFFICE OF FATHER

Beaufort

(10) COLOR OR RACE

Black(11) AGE AT LAST BIRTHDAY *29*
(Years)

(12) BIRTHPLACE

Hampton S.C.

(13) OCCUPATION

laborer

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

Fourth

MOTHER.

(14) NAME BEFORE MARRIAGE

Mable Burns

(15) PRESENT POSTOFFICE OF MOTHER

Beaufort

(16) COLOR OR RACE

Black(17) AGE AT LAST BIRTHDAY *25*
(Years)

(18) BIRTHPLACE

Hampton S.C.

(19) OCCUPATION

House Wife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was *Born alive* (Hour A.M. or P.M.) *4 A.M.* on the date above stated.

(22) (Signature)

Marjorie Taylor

(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

May 1, 1922

(28)

M. B. Cope

Local Registrar

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: UNRECORDED FOR BINDING. IF RECORDED, THIS IS A PERMANENT BLANK FOR EACH CHILD AND MARK THE
 WHERE PLAINLY, WITH UNRECORDED INK—THIS IS A PERMANENT BLANK FOR EACH CHILD AND MARK THE
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE FORM No. 2, etc., in question 5.
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 MICHIGAN OF COLUMBIA