

MARGIN RESERVED FOR BINDING.
FORM NO. 2
WHICH 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.

(1) PLACE OF BIRTH
County of Charleston
Township of Edisto Is.
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.)
Registration District No. 902 Registered No. 192
(For use of Local Registrar)
St. Edisto Is. Ward
If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
80650

(2) Full Name of Child John Nescet McKuson
(3) BOY OR GIRL Boy
(4) Twin or Triplet? Triplet
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Oct 12 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Frank A. McKuson
(9) PRESENT POSTOFFICE OF FATHER Edisto Is.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Chas. Co.
(13) OCCUPATION Rural Police man + Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Viola Nescet
(15) PRESENT POSTOFFICE OF MOTHER same
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE same
(19) OCCUPATION
(21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was alive at 11:45 A.M. (Hour A. M. or P. M.)
on the date above stated.
(23) (Signature) J. O. Lea
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Edisto Is.

Given name added from a supplemental report
191
Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by marks)
(27) Filed Oct 13 1916 (28) J. O. Lea 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.