

FORM NO. 2

(1) PLACE OF BIRTH

County of Way

Township of Way

Inc. Town of Way

City of Way

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — for this Register Only

31820

Registration District No. 600

Registered No. 13205

(For use of Local Registrar)

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

(2) Full Name of Child Albert Bruce

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

(3) BOY OR GIRL Male (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH 7. 25. 28 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Like Abram

(9) PRESENT POSTOFFICE OF FATHER Beaufort

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm Laborer

(14) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Alberta Brant

(15) PRESENT POSTOFFICE OF MOTHER Beaufort, S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 4:00 P.M. on the date above stated. (Born alive or Stillborn) (Hour A.M. or P.M.)

(22) (Signature) Margaret X Taylor (23) State whether Physician or Midwife (24) Midwife (25) Physician or Midwife

(Given name added from a supplemental report)

(26) Witness M. B. Cape (Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed 7.28.1928 (28) M. B. Cape (29) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. A child breathes even once, it must not be reported as stillborn. No report is due until the fifth month of pregnancy.

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 1.