

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 State Register Only

31820

Registration District No. *600* Registered No. *13205-215*
(For use of Local Registrar)

(2) Full Name of Child *Albert Albert* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Male* (4) Twin or Triplet? (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *7. 25. 20*
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME *Si Ke Abram*
(9) PRESENT RESIDENCE 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 *Albertha Brant*
(15) PRESENT RESIDENCE 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

(22) 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.)

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

(Given name added from a supplemental report)

(26) Witness *M. B. Cope*
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *7.28.1923* (28) *M. B. Cope*
Registrar Local Registrar

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

WHEN PLACED 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.
 MARY of Columbia