

FORM NO. 2

(1) PLACE OF BIRTH

County of WayneTownship of Wayne

Inc. Town of _____

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3193

Registration District No. 600Registered No. 13127
(For use of Local Registrar)

St. _____ Ward _____

(No. _____) If child is not yet named, make supplemental report as directed

(2) Full Name of Child Durham L. Ferrell(3) SEX OR GIRL? Boy(4) Twin or Triplet? yes(5) Number in order of birth 24
(to be answered only in case of twins or triplets)(6) Are Parents Married? yes(7) DATE OF BIRTH 27 27 24
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME D. L. Ferrell(9) PRESENT POSTOFFICE OF FATHER Beaufort, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Harper(15) PRESENT POSTOFFICE OF MOTHER Beaufort, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2:00 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Margaret L. Taylor
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report _____

(26) Witness M. B. Cope
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 3-6-1927 (28) M. B. Cope 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.

MAILED REGISTERED FILED
 WITHIN PLAINLY, WITH UNPAID INSTRUCTIONS IN A PREPARATION OF RECORDS.
 No. 1. This is a separate blank for each child, and mark the
 FIRST-BOUN, No. 1. THIS OFFICE, No. 2, etc., in question 8.