

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MAGAZINE OF COLUMBIA, COLUMBIA, S. C.

Form No. 2

(1) PLACE OF BIRTH
County of Spartanburg
Township of BS
or
Inc. Town of

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

File No. — For State Registrar Only
87367

Registration District No. 4000 Registered No. 150
(For use of Local Registrar)

(2) Full Name of Child Margaret Elizabeth (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) Girl (4) Twin or Triplet? (5) Number in order of birth (6) Yes Are Foreign Marks? (7) DATE OF BIRTH Nov 26 16
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

(8) FULL NAME J J Green FATHER.

(14) NAME BEFORE MARRIAGE Proctor Duncan MOTHER.

(9) PRESENT POSTOFFICE OF FATHER Duncan

(15) PRESENT POSTOFFICE OF MOTHER James

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Farming

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

(22) I hereby certify that I attended the birth of this child, who was alive at 59 M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J C Moore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Duncan

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 29 16

(28)

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.