

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

Form No. 2

**(1) PLACE OF BIRTH**  
County of Spartanburg  
Township of BS  
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.)

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

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

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

(3) Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 26 16  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME J J Green  
(9) PRESENT POSTOFFICE OF FATHER Duncan  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Forming  
(20) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Robert Duncan  
(15) PRESENT POSTOFFICE OF MOTHER Duncan  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
(22) I hereby certify that I attended the birth of this child, who was born alive at 59 M., on the date above stated. (Born alive 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  
.....  
.....  
.....  
19.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Nov 29 16  
(27) Filed 16 (28) J C Moore 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.