

FORM NO. 2.

## 1) PLACE OF BIRTH

County of JamesburgTownship of Highland

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Louise Helen3) BOY OR GIRL? Girl(4) Twin or Triplet? -(5) Number in order of birth -(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 27

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elliott Helen(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 27(12) BIRTHPLACE Jamesburg, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth One

MOTHER.

(15) NAME BEFORE MARRIAGE Paula Pearl(16) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(17) COLOR OR RACE Black(18) AGE AT LAST BIRTHDAY 18(19) BIRTHPLACE Jamesburg, S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 8:00(23) (Signature) Thos. J. L. L. L.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Greenville, S.C.(26) Witness Thos. J. L. L. L.(27) Filed Feb 29 1918 (28) Thos. J. L. L. L. 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.

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

McCaw, of Columbia.