

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Anderson

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

17977

Township of 2 Creek

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.)

Registration District No. 302 Registered No. 3  
(For use of Local Registrar)(2) Full Name of Child Arch. W. Freeman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 10</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Arch. Freeman(9) PRESENT POSTOFFICE OF FATHER Piedmont SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Turner(15) PRESENT POSTOFFICE OF MOTHER Piedmont SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(21) 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 born alive at 3:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Mock(24) State whether Physician or Midwife (25) Address of Physician or Midwife Piedmont SC

Given name added from a supplemental report

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

(27) Filed 2-11-1916 (28) J. H. Mock 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.

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FORM NO. 2  
 PRINTED AT THE STATE PRINTING HOUSE, COLUMBIA, S. C.  
 WHEN FILLING IN, WRITE UNFADING INK.—THIS IS A PERMANENT RECORD.  
 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 2.