

FORM NO. 2

(1) PLACE OF BIRTH

County of Harry
Township of Bayboro
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
49467

Registration District No. 2500 Registered No. 122
(For use of Local Registrar)

(2) Full Name of Child Juley May Dodd

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH July 27 1914
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W S Todd
(9) PRESENT POSTOFFICE OF FATHER Allen S C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Harry Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth { 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary B Todd
(15) PRESENT POSTOFFICE OF MOTHER Allen S C
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Harry Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at Allen S C on the date above stated. (Hour A. M. or P. M.) 3 P. M.

(23) (Signature) S. M. Bryant

(24) State whether Physician or Midwife: Midwife (25) Address of Physician or Midwife: Allen S C

Given name added from a supplemental report
..... 191.....
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Registrar

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

(27) Filed Aug 8 1914 (28) J. W. General
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.

WARRANT PLAINLY; WITH UNFAVORABLE IMPRESSIONS OF THE REGISTRAR'S OFFICE.
N. B.—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 5.
McCraw, of Columbia.