

FORM NO. 2.

## (1) PLACE OF BIRTH

County of HappyTownship of Socastee

Inc. Town of .....

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

File No.—For State Registrar Only

90411

Registration District No. 2510 Registered No. 62

(For use of Local Registrar)

(2) Full Name of Child. Ellen Rutledge { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? 0 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 4, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lake Bill Rutledge(9) PRESENT POSTOFFICE OF FATHER Burgess, S. C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 51 (Years)(12) BIRTHPLACE Socastee, S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Hancy Holmes(15) PRESENT POSTOFFICE OF MOTHER Burgess, S. C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Socastee, S. C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bessie Holmes(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Burgess, S. C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec 6 1916 (28) Edgar A. Mahay 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.

McCaw, of Columbia.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the