

Form No. 2

## (1) PLACE OF BIRTH

County of Williams  
 Township of Anderson  
 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

87749

Registration District No. 434Registered No. 512  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 City of ..... (No. 1234) St.; ..... Ward

(2) Full Name of Child Elwin Chesnut If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL ..... (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? ..... (7) DATE OF BIRTH Nov 17, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Elwin Chesnut(9) PRESENT POSTOFFICE OF FATHER Tris S E(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 16 (Years)(12) BIRTHPLACE Ill(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 13

## MOTHER.

(14) NAME BEFORE MARRIAGE Rena Grayson(15) PRESENT POSTOFFICE OF MOTHER Tris S E(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Ill(19) OCCUPATION Field(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 Elwin at 10 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Kalene Hullmore(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Tris S E

Given name added from a supplemental report

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

(27) Filed 11 24 1916 (28) J. W. Lammie 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.