

FORM NO. 2.

## (1) PLACE OF BIRTH

County of 24th B. & G.Township of Hope

Inc. Town of

or

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. Francis Arif { 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 Feb. 19  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Adrian H. Arif(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Home Bungalow, S.C.(13) OCCUPATION Police Department(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Christa Prosser(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Home Bungalow, S.C.(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 about 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Dr. J. B. Bradshaw

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

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

(27) Filed 191 (28) 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. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44929

Registration District No. 4301 Registered No. 180  
(For use of Local Registrar)No. 180 St. 180 Ward 180

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