

FORM NO. 2.

(1) PLACE OF BIRTH

County of UnionTownship of Lexona Twpor
Inc. Town of S. C.or
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

50645

Registration District No. 4200Registered No. 4

(For use of Local Registrar)

St.; (When)

(2) Full Name of Child Sarah Ella Bettaill } 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
3

Is he answered only in case of twins or triplets

(6) Are Parents Married?
Yes(7) DATE OF BIRTH Feb. 19 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Virgil Bettaill(9) PRESENT POSTOFFICE OF FATHER Union S. C. R. F. D. No. 2(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Union S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Simes(15) PRESENT POSTOFFICE OF MOTHER Union S. C. R. F. D. No. 2(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Union S. C.(19) OCCUPATION House Keeper(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 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. T. Mosely

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Lexona Twp S. C.

(Given name added from a supplemental report)

191

Registrar

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

(27) Filed 191 (28) Dr. Mosely 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.

M. R.—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.

McCauley, of Columbia