

FORM NO. 2.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44668

Registration District No. 4006 Registered No. 144
(For use of Local Registrar)

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

(3) BOY OR GIRL? girl	(4) Twin or Triplet? No	(5) Number in order of birth To be answered only in event of Twins or Triplets	(6) Are Parents Married? yes	(7) DATE OF BIRTH (Name of Month) (Day) (Year) Dec. 22, 51
(8) FULL NAME OF FATHER Cadozer Smith		(9) FULL NAME OF MOTHER Jessie M. Bryant		
(10) PRESENT POSTOFFICE OF FATHER Trough, S.C.		(11) PRESENT POSTOFFICE OF MOTHER Trough S.C.		
(12) COLOR OR RACE Col	(13) AGE AT LAST BIRTHDAY 21	(14) COLOR OR RACE Col	(15) AGE AT LAST BIRTHDAY 18	
(16) BIRTHPLACE S.C.		(17) BIRTHPLACE S.C.		
(18) OCCUPATION Teamster		(19) OCCUPATION Housewife		
(20) Number of children born to mother, including present birth 1		(21) Number of children of this mother now living, including present birth 1		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. L. Kirkpatrick(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Pinedale, 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

Dec 25 1951

(28)

M. W. Brown

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.

McCaw, of Columbia