

FORM NO. 2.

(1) PLACE OF BIRTH
 County of Williamsby
 Township of Jensen
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
44958

Registration District No. 4304 Registered No. 149
 (For use of Local Registrar)
 (2) Full Name of Child George Pasly } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 11 1933
(Name of Month) (Day) (Year)
To be answered only in case of twins or triplets

FATHER.		MOTHER.	
(8) FULL NAME <u>Grant Pasly</u>	(14) NAME BEFORE MARRIAGE <u>Edwin Hughes</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Hamway & C</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hamway & C</u>
(10) COLOR OR RACE <u>Wypo</u>	(16) COLOR OR RACE <u>Wypo</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth { <u>4</u> }	(21) Number of children of this mother now living, including present birth { <u>4</u> }		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born at 3 9 M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.
 (23) (Signature) Elizabeth J. Campson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hamway & C

Given name added from a supplemental report 191
 Registrar
 (26) Witness L. L. Card (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 11 1933 (28) L. L. Card Local Registrar.

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.

*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.