

FORM NO. 2.

## (1) PLACE OF BIRTH

County of WilliamsTownship of Paris

or

Inc. Town of

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

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?

To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 11 1932  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Grant Pasly

(9) PRESENT POSTOFFICE OF FATHER

Hammyway & C

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 33  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farm

(20) Number of children born to mother, including present birth

{ 4 }

## MOTHER.

(14) NAME BEFORE MARRIAGE

Emily Hughes

(15) PRESENT POSTOFFICE OF MOTHER

Hammyway & C

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

{ 4 }

## 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 L. Sampson

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

Hammyway & C

Given name added from a supplemental report

191....

Registrar

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

L. L. Laid(27) Filed Dec 11 1932 (28) L. L. Laid Local RegistrarMARGIN 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.