

FORM NO. 2  
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 2.  
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Dillon  
Township of Beaufort

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

46024

or  
Inc. Town of

Registration District No. 602

Registered No. 3

(For use of Local Registrar)

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

(2) Full Name of Child Corrie Lee Hauvob

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 Jan 17  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lee Hauvob

(9) PRESENT POSTOFFICE OF FATHER Latta, S.C.

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY \_\_\_\_\_  
(Years)

(12) BIRTHPLACE Lee Co. S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Gault

(15) PRESENT POSTOFFICE OF MOTHER Latta S.C.

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 31  
(Years)

(18) BIRTHPLACE Lee Co. S.C.

(19) OCCUPATION House wife

(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 6 M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Corrie Barker

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mid wife Dillon S.C. R.I.

Given name added from a supplemental report

(26) Witness J. Smith M.D.

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 1916

(28) Henderson  
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.

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