

FORM NO. 2

(1) PLACE OF BIRTH
County of Saluda
Township of No. 5

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
50365

or
Inc. Town of Registration District No. 3904 Registered No.
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, name of same instead of street and number.)

(2) Full Name of Child Annie Cochine Blake If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL que (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 1 1896
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Delough A. Blake
(9) PRESENT POSTOFFICE OF FATHER Saluda S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Sumwood Co. S.C.
(13) OCCUPATION Physician
(14) Number of children born to mother, including present birth 2

MOTHER
(14) NAME BEFORE MARRIAGE Elma Pitts
(15) PRESENT POSTOFFICE OF MOTHER Saluda S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Saluda Co. S.C.
(19) OCCUPATION Housewife
(20) 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 at M.
on the date above stated. (Born alive or stillborn) (Hour & P. M. or P. M.)
midwife

(23) (Signature) mid. (24) State whether Physician or Midwife
(25) Address of Physician or Midwife Saluda 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) [Signature]
(27) Filed [Signature] (28) Local Registrar

*When there was no attending physician or midwife, then the father, mother, or other person who made 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 FILING.
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.