

FORM NO. 2

(1) PLACE OF BIRTH

County of Rich

Township of Rich

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 Register Only

31833

Registration District No. 600

Registered No. 21078

(For use of Local Registrar)

(2) Full Name of Child Annie M. Michael

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

(3) SEX—GIRL (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH 11 18 23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Tom Michael

(9) PRESENT RESIDENCE OF FATHER Beaufort S.C.

(10) COLOR Black (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Laborer

(14) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Mary Burner

(15) PRESENT RESIDENCE OF MOTHER Beaufort S.C.

(16) COLOR Black (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 10:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Mar. B. Taylor

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

Given name and last name of Registrar

(25) Witness M. B. Cope

(Signature of Witness necessary only when question 25 is signed by marks)

(26) Date 11 23 23 (27) M. B. Cope

1. 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 1, Mark of Column