

FORM NO. 2.

(1) PLACE OF BIRTH

County of 2014 B...Township of 744/10or  
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

44928

Registration District No. 4301 Registered No. 181  
(For use of Local Registrar)

Sl.; ..... Ward)

(No. .... instead of street and number.)

(2) Full Name of Child Lamine 71108... } 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. 17 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Williams(9) PRESENT POSTOFFICE OF FATHER State...(10) COLOR OR RACE Dark (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Georgia(13) OCCUPATION Housework(14) NAME BEFORE MARRIAGE Georgia Jackson(15) PRESENT POSTOFFICE OF MOTHER State...(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Georgia(19) OCCUPATION Housework(20) Number of children born to mother, including present birth 5(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) ... (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife ...(26) Witness ... (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed ... (28) 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.

\*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.