FORM NO. 2.

(1) PLACE OF BIRTH

County of Greenwood

Township of Brewer

or

Inc. Town of ..... Registration District No. 9301 Registered No. 27 (For use of Local Registrar)

or

City of ..... (No. ..... St.; ..... Ward)

(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
77376

(2) Full Name of Child. Annie Smith Hartley 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 — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 25, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Albert Nicholson Hartley	(14) NAME BEFORE MARRIAGE Annie Smith
(9) PRESENT POSTOFFICE OF FATHER Ninety Six	(15) PRESENT POSTOFFICE OF MOTHER Ninety Six
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Edgefield	(18) BIRTHPLACE Edgefield
(13) OCCUPATION Farmer	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth Nine	(21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:12 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Dr. W. D. Leonard

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Ninety Six

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Jan 3 1916 (28) W. D. King 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.

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.

McCaw, of Columbia.