FORM NO. 2.

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17858

(1) PLACE OF BIRTH
County of Abbeville
Township of
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.)

Registration District No. 100 Registered No. 34 (For use of Local Reistrar)
(No. ..... St.; ..... Ward)

(2) Full Name of Child John William McBride | If child is not yet named, make supplemental report as directed

| (3) BOY OR GIRL? | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH |
|---|---|---|---|---|
| [illegible] | X | 2 | Yes | June 29, 1915 (Name of Month) (Day) (Year) |

To be answered only in event of Twins or Triplets

| FATHER. | MOTHER. |
|---|---|
| (8) FULL NAME [illegible] | (14) NAME BEFORE MARRIAGE Lillie [illegible] |
| (9) PRESENT POSTOFFICE OF FATHER [illegible] | (15) PRESENT POSTOFFICE OF MOTHER Abbeville R F D |
| (10) COLOR OR RACE Negroe (11) AGE AT LAST BIRTHDAY 22 (Years) | (16) COLOR OR RACE Negroe (17) AGE AT LAST BIRTHDAY 20 (Years) |
| (12) BIRTHPLACE Abbeville Co | (18) BIRTHPLACE Abbeville Co |
| (13) OCCUPATION [illegible] | (19) OCCUPATION House [illegible] |
| (20) Number of children born to mother, including present birth Two | (21) Number of children of this mother now living, including present birth Two |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [illegible]
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife
Midwife [illegible] Abbeville R F D

Given name added from a supplemental report
..... 191...
..... Registrar

(26) Witness [illegible]
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7 7 1915 (28) [illegible] 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.

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