

(1) PLACE OF BIRTH

County of

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.)

(2) Full Name of Child

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only

44703

Registration District No. 4008 Registered No. 388  
(For use of Local Registrar)

St.; Ward

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? *yes*

(7) DATE OF BIRTH *2, 7, 1912*  
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

**MOTHER.**

(8) FULL NAME

*Henry Husband*

(14) NAME BEFORE MARRIAGE

*Gussie C. Potter*

(9) PRESENT POSTOFFICE OF FATHER

*Cowpens*

(15) PRESENT POSTOFFICE OF MOTHER

*Cowpens*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY *40*  
(Years)

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY *38*  
(Years)

(12) BIRTHPLACE

*South Carolina*

(18) BIRTHPLACE

*South Carolina*

(13) OCCUPATION

*Merchant*

(19) OCCUPATION

*House wife*

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

*1*

(21) Number of children of this mother now living, including present birth *11*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *2, 7, 1912* at *5* *A. M.* on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Signature]*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
*Cowpens*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by marks)

(27) Filed *Dec 15, 1912*

(28)

*C. F. Parker*

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.

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MAILED IN REGISTRATION OFFICE. WITH FURNISHING INFO.—THIS IS PREPARATION FOR RECORDING. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the

McCaig of Columbia