

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Yamhill
Township of 2nd
or
Inc. Town of
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
36711

Registration District No. 3066 Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child Elizabeth Louise (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Female</u>	(4) Twin or Triplet? <u>no</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 31 1913</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ernest Cain</u>			(14) NAME BEFORE MARRIAGE <u>Lizzie Cheek</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>.....</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>.....</u>	
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>40</u> (Year)	(16) COLOR OR RACE <u>white</u>	
(12) BIRTHPLACE <u>.....</u>			(17) AGE AT LAST BIRTHDAY <u>40</u> (Year)	
(13) OCCUPATION <u>.....</u>			(18) OCCUPATION <u>.....</u>	
(20) Number of children born to mother, including present birth <u>13</u>			(21) Number of children of this mother now living, including present birth <u>11</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:45 M., on the date above stated. (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

Given name added from a supplemental report
.....
.....
..... 19 ..
Registrar

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

(27) Filed Jan 31 1913 (28) 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.