

WHEN PREPARING THIS REPORT, USE THE FOLLOWING INSTRUCTIONS:—IF IN A FOREIGN BIRTH RECORD, GIVE THE PLACE OF BIRTH IN FULL. IN THE CASE OF TWINS OR TRIPLETS, USE A SEPARATE HEADING FOR EACH CHILD, AND MAKE THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

(1) PLACE OF BIRTH

County of Rutherford
Township of
or
Inc. Town of
or
City of Columbia

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
70086

Registration District No. 38a Registered No. 1269
(For use of Local Registrar)
(No. 15-14 Pickens St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Atis E. Purser If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 14, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Atis E. Purser
(9) PRESENT POSTOFFICE OF FATHER 15-14 Pickens St
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29
(Years)
(12) BIRTHPLACE Columbia S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Barret
(15) PRESENT POSTOFFICE OF MOTHER 15-14 Pickens St
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Years)
(18) BIRTHPLACE Virginia
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at. 8 A. M., on the date above stated. (Born) live or stillborn (Hour A. M. or P. M.)

(23) (Signature) H. W. Rice
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
(27) Filed 7/3 19..... (28) [Signature] 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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