

State of South Carolina
County of _____
City of _____
(If birth occurs in a hospital, name of hospital and address of same must be stated.)
(1) Full Name of Child Robert C. Elliott

Sex Male Age 2-3 Race Colored
Date of Birth Jan 2, 1912
Place of Birth Charleston Co
Name of Mother Maria Mitchell
Name of Father Mr. Phasanth & C
Name of Physician or Midwife Mr. Phasanth & C
Signature of Physician or Midwife Phasanth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was above on the date above stated.
(23) (Signature) Phasanth
(24) State whether Physician or Midwife Physician

Given name added from a supplemental report
(25) Witness (Signature of Witness) Phasanth
(26) Date Jan 2, 1912

When there was no attending physician or midwife, the parent or parents must sign this certificate.
If a child breathes even once, it must not be buried until the physician or midwife has seen the body.