

Form No. 1

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**92083**

(1) PLACE OF BIRTH

County of Maguire  
Township of Bayanville  
or  
Inc. Town of  
or  
City of

Registration District No. H 201

Registered No. 47  
(For use of Local Registrar)

(2) Full Name of Child Not named

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? Twins

(5) Number in order of birth first

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 8, 1914  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Collegian

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Rena West

(15) PRESENT POSTOFFICE OF MOTHER Pauline

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Union Co. S.C.

(19) OCCUPATION Farmer

(20) 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 alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. T. J. Johnson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pauline's

Given name added from a supplemental report

(26) Witness Mrs. C. E. West  
(Signature necessary only when question 23 is signed by mark)

(27) Filed 1914 (28) J. P. Hapkins Registrar

\*When there was no attending physician or midwife, then the father, household head, or other person should make this return, fifth month of pregnancy.

DO NOT WRITE IN THESE SPACES OR OVERPRINTS WAS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE COUNTY OF COLUMBIA. PRINTED-1914. No. 1. THIS OFFICE, No. 2, etc., in question 5.