

FORM NO. 2

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

74208

(1) PLACE OF BIRTH *Spokane*County of *BS*

Township of

or Town of

or

City of

Registration District No. *44009*Registered No. *113*

(For use of Local Registrar)

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 *Miriam Clarence Depue*(3) SEX *Female* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parent Married? *Yes* (7) DATE OF BIRTH *Aug 30 1916* (Name of Month) (Day) (Year)(8) FULL NAME OF FATHER *Frank Depue* (9) FULL NAME OF MOTHER *Eckel Jernan*(10) PRESENT POSTOFFICE OF FATHER *Dumars* (11) PRESENT POSTOFFICE OF MOTHER *Dumars*(12) COLOR OR RACE *N* (13) AGE AT LAST BIRTHDAY *21* (Years) (14) BIRTHPLACE *SC*(15) OCCUPATION *Domestic* (16) AGE AT LAST BIRTHDAY *19* (Years)(17) BIRTHPLACE *SC* (18) OCCUPATION *Domestic*(19) Number of children of this mother now living, including present birth *none*(20) Number of children born to mother, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive* at *11:30 A.M.* on the date above stated: (Hour A. M. or P. M.)(22) (Signature) *J. Moore* (23) Address of Physician or Midwife *Dumars*(24) State whether Physician or Midwife *Physician*

Given name added from a supplemental report

(25) With (Signature of witness necessary when question 23 is signed by only)

(26) Filed *Sept 3 1916* (27) 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.