

(1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child .....

File No.—For State Registrar Only

44750

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4410 Registered No. 214

(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 1 1904

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Julian E. Vidua

(9) PRESENT POSTOFFICE OF FATHER Hazard S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE Sumter Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Beck

(15) PRESENT POSTOFFICE OF MOTHER Hazard S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Sumter Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was 2 lbs. 10 oz. at 5 a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

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

(27) Filed 191 (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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT FOR EACH CHILD.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McGaw, of Columbia.