

## (1) PLACE OF BIRTH

County of HamptonTownship of Rockledge

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

90298

Registration District No. 2402 Registered No. 286  
(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 James (If child is not yet named, make supplemental report as directed)(3) ~~Boy or~~  
GIRL?(4) Twin  
or Triplet  
To be answered only in event of Twins or Triplets(5) Number in  
order of birth(6) Are  
Parents  
Married(7) DATE OF  
BIRTH Dec 14, 1916  
(Name of Month) (Day) (Year)(8) FULL NAME FERDINAN FATHER.  
Ferdinand Medicus Cape(9) PRESENT  
POSTOFFICE  
OF FATHER Hamville S.C.(10) COLOR  
OR  
RACE White(11) AGE AT LAST  
BIRTHDAY 64  
(Years)(12) BIRTHPLACE  
Hamville S.C.(13) OCCUPATION  
Farmer(20) Number of children born to  
mother, including present birth(14) NAME BEFORE  
MARRIAGE Mother(15) PRESENT  
POSTOFFICE  
OF MOTHER Hamville S.C.(16) COLOR  
OR  
RACE White(17) AGE AT LAST  
BIRTHDAY 28  
(Years)(18) BIRTHPLACE  
Hamville S.C.(19) OCCUPATION  
Housekeeper(21) Number of children of this mother  
now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Jan 30, 1917(28) J. W. Rogers  
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. H.—In case of TWINS OR FIRST-BORN, No. 1. THE OTHER, No. 2. C.  
MCCAW OF COLUMBIA, COLUMBIA, S. C.