

MARGIN RESERVED FOR BINDING.  
 FORM NO. 2.  
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for EACH CHILD and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Laurens

Township of Scuffletown

or  
Inc. Town of Colleton

City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39134

Registration District No. 2905 Registered No. 56  
(For use of Local Registrar)

(2) Full Name of Child Sarah Kathleen Guch If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 30 1912  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME William Guch  
(9) PRESENT POSTOFFICE OF FATHER Colleton S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Se  
(13) OCCUPATION Laborer  
(20) Number of children born to mother, including present birth { ..... 2 .....

MOTHER.  
(14) NAME BEFORE MARRIAGE Louella Knight  
(15) PRESENT POSTOFFICE OF MOTHER Colleton  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE Se  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth { ..... 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive, at 1230 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. H. Anderson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Colleton Se

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Dec 11, 1912 (28) F. L. Dorman 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.

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