

WRITE PLAINLY, WITH 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 5.

McCauley, of Columbia

| 1) PLACE OF BIRTH   |                            | CERTIFICATE OF BIRTH   |                                    | File No.—For State Registrar Only                               |  |
|---|----------------------------|--|------------------------------------|---|--|
| County of <u>York</u>   |                            | STATE OF SOUTH CAROLINA.   |                                    | 54151   |  |
| Township of <u>Bethesda</u>   |                            | Bureau of Vital Statistics   |                                    |   |  |
| Inc. Town of .....  |                            | State Board of Health  |                                    |   |  |
| City of .....   |                            | Registration District No. <u>44.01</u>   |                                    | Registered No. <u>148</u>                                       |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) |                            | St.; ..... Ward  |                                    | (For use of Local Registrar)                                    |  |
| 2) Full Name of Child <u>Robert Bratton, Jr.</u>  |                            |  |                                    | If child is not yet named, make supplemental report as directed |  |
| 3) BOY OR GIRL <u>Boy</u>   | 4) Twin or Triplet <u></u> | 5) Number in order of birth <u></u>  | 6) Are Parents Married? <u>Yes</u> | 7) DATE OF BIRTH <u>Mar. 30</u> 191 <u>6</u>                    |  |
| FATHER.   |                            |  |                                    | MOTHER.   |  |
| 8) FULL NAME <u>Robert Bratton</u>  |                            | 14) NAME BEFORE MARRIAGE <u>Belle Strait</u>                                       |                                    |   |  |
| 9) PRESENT POSTOFFICE OF FATHER <u>Guthrieville, N.C.</u>   |                            | 15) PRESENT POSTOFFICE OF MOTHER <u>Guthrieville, N.C.</u>                         |                                    |   |  |
| 10) COLOR OR RACE <u>Black</u>  |                            | 11) AGE AT LAST BIRTHDAY <u>30</u> (Years)   |                                    | 16) COLOR OR RACE <u>Black</u>                                  |  |
| 12) BIRTHPLACE <u>McCormickville</u>  |                            | 17) AGE AT LAST BIRTHDAY <u>28</u> (Years)   |                                    | 18) BIRTHPLACE <u>York Co.,</u>                                 |  |
| 13) OCCUPATION <u>Farmer</u>  |                            | 19) OCCUPATION <u>House work</u>   |                                    |   |  |
| 20) Number of children born to mother, including present birth <u>8</u>                               |                            | 21) Number of children of this mother now living, including present birth <u>8</u> |                                    |   |  |

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Esther Laster  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McCormickville, S.C.

Given name added from a supplemental report

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

(27) Filed Apr 10 1916 (28) J. H. Love 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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