

WRIT N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 N. B.—McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.  
 McCaw

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of Anderson  
 or  
 Inc. Town of .....  
 or  
 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  
**43095**

Registration District No. 2214 Registered No. 544  
 (For use of Local Registrar)

(2) Full Name of Child Annelle Whorester Batson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 21, 1915  
(Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Russell Lee Batson  
 (9) PRESENT POSTOFFICE OF FATHER Traders rest. etc  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE Columbia S.C.  
 (13) OCCUPATION Trader  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Ellie May Lee Batson  
 (15) PRESENT POSTOFFICE OF MOTHER Traders rest. etc  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Columbia S.C.  
 (19) OCCUPATION Housekeeper  
 (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 born at 7:45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) B. J. Gravelle, M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Traders Rest. Co.

Given name added from a supplemental report  
Jan. 6 1915  
John B. Mester  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 31, 1915 (28) John B. Mester  
 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.

Registrar \_\_\_\_\_ Local Registrar \_\_\_\_\_  
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