

MARCELIN RECOVERED FROM BIRMINGHAM.  
 BEARING STRAIGHT, WITH UNFOLDING LINE—THIS IS A PERMANENT RECORD.  
 IN IN—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.  
 McCraw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

or  
City of

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

Department of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only  
**56479**

**2806**

Registered No.

**31**

(For use of Local Registrar)

(No.)

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

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of Birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 17 1906</i> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <i>Robert L. Green</i>			(14) NAME BEFORE MARRIAGE <i>Wm. Clark</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Kershaw S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Kershaw S.C.</i>	
(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>38</i> (Years)	(16) COLOR OR RACE <i>Negro</i>		
(12) BIRTHPLACE <i>Georgia</i>		(17) BIRTHPLACE <i>Lancaster County</i>		
(13) OCCUPATION <i>Lumber</i>		(18) OCCUPATION <i>House work</i>		
(20) Number of children born to mother, including present birth <i>2</i>		(21) Number of children of this mother now living, including present birth <i>2</i>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was *born alive*, at *10 P. M.* on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) Signature of Physician or Midwife

Given name and last name a supplemental report

(25) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed *May 10 1906*

(27) *Ed. F. Hammond*  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child born dead or which it might not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.