

(1) PLACE OF BIRTH

County of FlorenceTownship of Lake

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.)(2) Full Name of Child Hallie C. Cameron { If child is not yet named, make supplemental report as directed

(3) SEX OR GENE? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 23</u> 19 <u>16</u> (Name of Month) (Day) (Year)
---------------------------------	-----------------------------------	--	--	--

FATHER.

(8) FULL NAME Arthur Cameron(9) PRESENT POSTOFFICE OF FATHER Lake City S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Florence Co - S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { ... 31 ... }

MOTHER.

(14) NAME BEFORE MARRIAGE M. Clair Cameron(15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Lake City S.C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth { ... 5 ... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 3 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hester Cameron(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Leo S.C.

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 Jan 1 1917 (28) P. L. Carter 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.

*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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

89852

Registration District No. 2009 Registered No. 142
(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.)

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

(2) Full Name of Child Hallie C. Cameron

(3) SEX OR GENE? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 23</u> 19 <u>16</u> (Name of Month) (Day) (Year)
---------------------------------	-----------------------------------	--	--	--

FATHER.

(8) FULL NAME Arthur Cameron(9) PRESENT POSTOFFICE OF FATHER Lake City S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Florence Co - S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { ... 31 ... }

MOTHER.

(14) NAME BEFORE MARRIAGE M. Clair Cameron(15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Lake City S.C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth { ... 5 ... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 3 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hester Cameron(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Leo S.C.

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 Jan 1 1917 (28) P. L. Carter 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.

*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.