

McCAW OF COLUMBIA, COLUMBIA, E. C.

File No.—For State Registrar Only

34077

Registration District No. 1603 Registered No. 157
(For use of Local Registrar)

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

(7) BOY OR GIRL *girl* (4) ~~Twins or Triplets~~ (5) Number in order of birth *51* (6) Are Parents Married *yes* (7) DATE OF BIRTH *may 24 19 32*
(Name of Month) (Day) (Year)

FATHER	
(I) FULL NAME	Arthur Robert
(II) PRESENT POST OFFICE OF FATHER	Smithtown, SC
(III) COLOR OR RACE	Colored
(IV) AGE AT LAST BIRTHDAY	46 (Years)
(V) BIRTHPLACE	S.C.
(VI) OCCUPATION	Farmer

MOTHER.	
(14) NAME BEFORE MARRIAGE	Lola Lane
(15) PRESENT POSTOFFICE OF MOTHER	Smithers SC
(16) COLOR OR RACE	Colored
(17) AGE AT LAST BIRTHDAY	25
(18) BIRTHPLACE	S.C.
(19) OCCUPATION	House work

20) Number of children born to mother, including present birth 6

21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was Aline at 11 M.
on the date above stated. (Born ☒ live or ☐ stillborn) (Hour A. M. or P. M.)

(23) (Signature) By: [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

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(27) Filed Nov 1 1974 (28) 11/1/74 Self Filed
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.