

WRITE PLAINLY, WITH UNFADING 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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of allendaleTownship of 11or
Inc. Town of or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rebecca Rountree

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

(3) BOY OR GIRL girl(4) Twin or Triplet?
To be answered only in event of Twins or Triplets(5) Number in order of birth (6) Are Parents Married? yes(7) DATE OF BIRTH Dec 17 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Robert Rountree(9) PRESENT POSTOFFICE OF FATHER allendale SC(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Adelina Pilyard(15) PRESENT POSTOFFICE OF MOTHER allendale SC(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Farm Laborer(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 alive at 3 a M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Gorganna Steady(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife allendale SCGiven name added from a supplemental report (26) Witness F. H. Boyd

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

(27) Filed Dec 23 1922(28) F. H. Boyd MD 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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