

(1) PLACE OF BIRTH

County of Spartanburg

Township of Cherry

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

70400

Registered No. 73  
(For use of Local Registrar)

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

(2) Full Name of Child... Clamer Cameron (Not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 9 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FATHER'S FULL NAME <u>Gurman Cameron</u>		(14) NAME BEFORE MARRIAGE <u>Ollie Petty</u>		(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee</u>
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Spartanburg Co</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>		(18) BIRTHPLACE <u>Spartanburg Co</u>
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</u>		(20) Number of children born to mother, including present birth <u>2</u>
(21) Number of children of this mother now living, including present birth <u>2</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Zell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Spartanburg #2

Given name added from a supplemental report  
..... 191....  
Registrar

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

(27) Filed Aug 4 1916 (28) A. D. Burton 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the McCaw of Columbia FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.