

FORM NO. 2
 MAIN IN COMPLETION OF THIS REPORT
 WRITE PLAINLY, WITH INK/WRITING 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.

(1) PLACE OF BIRTH
 County of York
 Township of
 or
 Inc. Town of Registration District No. 44 B Registered No. 191
 or
 City of Rock Hill (No. Monchast. Mill St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
45001

(2) Full Name of Child. Mr. Albert Roberts } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 28, 1916
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Mr. Ed. Roberts
 (9) PRESENT POSTOFFICE OF FATHER Monchast. Mill Rock Hill
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE N. C.
 (13) OCCUPATION Mill worker
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Lilli Holton
 (15) PRESENT POSTOFFICE OF MOTHER Monchast. Mill Rock Hill
 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE N. C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was alive at A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) J. W. Smith
 (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)
 (27) Filed 4/11 1916. (28) J. W. Smith 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.