

MARGIN RESERVED FOR BINDING.

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.

McCAM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Harfield  
 Township of N. G.  
 OR  
 Inc. Town of .....  
 OR  
 City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

81417

Registration District No. 19 D. 5. Registered No. 2  
 (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.)

(2) Full Name of Child Annice Bay Robertson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 26, 1914</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Turney Robertson  
 (9) PRESENT POSTOFFICE OF FATHER Loug town  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE Harfield  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Beatrice Belton  
 (15) PRESENT POSTOFFICE OF MOTHER Loug town  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE Harfield  
 (19) OCCUPATION House keeper  
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ... alive ... at 2 ... P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susan Butler  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Loug town

Given name added from a supplemental report

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

(27) Filed N. G. 2 1914 (28) W. W. McArthur 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.