

Form No. 10.

MARGIN RESERVES FOR PRINTING

WHITE PLAINLY, WITH ENVELOPING 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 2.

McCaw of Columbia

McCaw

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42933

Registration District No. 22 ARegistered No. 467

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

(3) BOY OR
GIRL Boy(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in case of twins or triplets(6) Are
Parents Yes
Married?(7) DATE OF
BIRTH Dec. 17 1915
(Name of Month) (Day) (Year)If child is not yet named, make
supplemental report as directed

FATHER.

(8) FULL
NAMERobert Roberson(9) PRESENT
POSTOFFICE
OF FATHERGreenville(10) COLOR
OR
RACE Negro(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

Greenville Co. S. C.

(13) OCCUPATION

Laborer(20) Number of children born to
mother, including present birth5

MOTHER.

(14) NAME BEFORE
MARRIAGEHattie Roberson(15) PRESENT
POSTOFFICE
OF MOTHERGreenville(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY 30

(Years)

(18) BIRTHPLACE

Greenville Co. S. C.

(19) OCCUPATION

Laundress(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive
on the date above stated. (Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature) CarolineX Sullivan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife212 Thurston St.Given name added from a supplement
report

Registrar

(26) Witness

Grace Chalmers
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Dec 20 1915

(28)

C. M. L.

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.*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.