

FORM NO. 6  
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.  
McCaw of Columbia.

(1) PLACE OF BIRTH  
County of Greenville  
Township of Greenville

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**73015**

Inc. Town of ..... or ..... Registration District No. 2209 Registered No. 430  
(For use of Local Registrar)  
City of ..... (No. 131 Fifth St. Pos. Main Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) <u>BOY OR GIRL?</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Sept</u> (Name of Month) (Day) (Year)
<small>To be answered only in case of twins or triplets</small>				

**FATHER.**

(8) FULL NAME Robert H. Cameron

(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Tenn

(13) OCCUPATION Clerk in Freight Depot

(20) Number of children born to mother, including present birth { 1 }

**MOTHER.**

(14) NAME BEFORE MARRIAGE Paul Mary Steadman

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Spottsylvania Co., S.C.

(19) OCCUPATION House Wk.

(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 born alive at 11:55 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician | Greenville

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 8 1916 (28) A. H. Mackey 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.