

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Union  
Township of Leona Keys  
or  
Inc. Town of St.  
or  
City of St.

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

File No.—For State Registrar Only  
**79570**

Registration District No. 4200 Registered No. 44  
(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 Fannie Ruth Betsell If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 21 1916  
(Name) (Month) (Day) (Year)

FATHER.  
(8) FULL NAME Victor Betsell  
(9) PRESENT POSTOFFICE OF FATHER Leona Keys St.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE Union Sts  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Clindy Roberson  
(15) PRESENT POSTOFFICE OF MOTHER Leona Keys St.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Union Sts  
(19) OCCUPATION Farmer Wife  
(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 alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. B. F. Mosley  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Leona Keys

Given name added from a supplemental report  
.....  
.....  
..... 19  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
.....  
(27) Filed ..... 19 ..... (28) Dr. Mosley 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.