

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 FIRSTBORN No. 1, THE OTHER No. 2, etc. in question 6.
 MCCAW OF COLUMBIA, COLUMBIA, S. C.

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

(1) PLACE OF BIRTH
 County of Union
 Township of Leros Keys
 or
 Inc. Town of Se
 or
 City of _____ (No. _____ 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
79570
 Registered No. 44
 (For use of Local Registrar)

Registration District No. 4200

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

(3) BOY OR GIRL girl (4) Twin or Triplet? _____ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 21 1916
To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Victor Betail

(9) PRESENT POSTOFFICE OF FATHER Leros Keys Se

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 years

(12) BIRTHPLACE Union Se

(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 Leros Keys Se

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 years

(18) BIRTHPLACE Union Se

(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. G. F. Mosley (25) Address of Physician or Midwife Physician Leros Keys

(24) State whether Physician or Midwife

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.