

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.

DEPT. OF COMMERCE, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Calhoun
Township of Sageone
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
84581

Registration District No. 802 Registered No. 169
(For use of Local Registrar)

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

(2) Full Name of Child Lottie Pauline 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 Nov 16 1906
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Samuel Pauline
(9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22
(12) BIRTHPLACE Calhoun Co
(13) OCCUPATION Farm Hand
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Lottie Jamison
(15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
(18) BIRTHPLACE Calhoun Co.
(19) OCCUPATION Housewife
(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 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose Cunningham
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

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

(27) Filed Nov 16 1906 (28) W. X. Keller
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child dies before being given name, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.