

MAIN PART OF THIS FORM IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Pickens  
 Township of .....  
 or  
 Inc. Town of Pickens  
 or  
 City of .....  
 (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  
92740

Registration District No. 3106 Registered No. 6  
 (For use of Local Registrar)

(2) Full Name of Child Robert Lewis Craig } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 15</u> 19 <u>16</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>Sam B. Craig</u> (9) PRESENT POSTOFFICE OF FATHER <u>Pickens</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>30</u> (Years) (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Lawyer</u> (20) Number of children born to mother, including present birth <u>1</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Mary E. Lewis</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Pickens</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>24</u> (Years) (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 (22) I hereby certify that I attended the birth of this child, who was alive at 4:30 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. T. Bolt  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Casley

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 Jan 26 1917 (28) B. J. Jones 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.  
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