

At Law, of Columbia  
FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.  
TWIN OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

(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. 31.06

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? Boy

(4) Twin or Triplet? .....

(5) Number in order of birth .....

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 15 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam B. Craig

(9) PRESENT POSTOFFICE OF FATHER Pickens

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Lawyer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary E. Lewis

(15) PRESENT POSTOFFICE OF MOTHER Pickens

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(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 4:30 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. R. Bolt

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Casley

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

(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. 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.