

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.

W. E. McCaw, of Columbia

(1) PLACE OF BIRTH

County of Florence

Township of Cartersville

Inc. Town of Cartersville

City of Cartersville

(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

46191

Registered No. B
(For use of Local Registrar)

(2) Full Name of Child Robert William Rabin Jr.

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 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan 24 1916
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert William Rabin

(9) PRESENT POSTOFFICE OF FATHER Cartersville SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE NC

(13) OCCUPATION Saw-Filer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Isabelle McCollen

(15) PRESENT POSTOFFICE OF MOTHER Cartersville SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE NC

(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 10 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. B. Boyd Sr. M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cartersville SC

Given name added from a supplemental report

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Registrar

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

(27) Filed 191 (28) Will L. Hargis 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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