

## (1) PLACE OF BIRTH

County of ChesterTownship of Hazlewood

or

Inc. Town of .....

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

45757

Registration District No. 1103 Registered No. ....

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 29</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Robert Caldwell Bolick(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Fairfield Co.(13) OCCUPATION Merchant & Book Keeper(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Baker Drummond(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Chester 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 at 12:05 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. H. V. Lee

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

Physician Chester, S.C.

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 Feb. 10<sup>th</sup> 1916 (28) W. D. Gladden 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

M. McCaw, of Columbia.

McCaw