

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.

Form 5-6

McCAM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Alford

Township of Baldoc

Inc. Town of

City of

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

(2) Full Name of Child Florence Roberts

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec 1 19 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jim Roberts

(9) PRESENT POSTOFFICE OF FATHER

Appleton SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

50 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

6

(14) NAME BEFORE MARRIAGE

MOTHER.

Sallie Frazier

(15) PRESENT POSTOFFICE OF MOTHER

Appleton SC

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

28 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housework

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive ... at... 4 A.M. ... on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Mrs. Sallie Frazier

Given name added from a supplemental report

(26) Witness J. H. Boyd

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

(27) Filed Dec 16 19 22 (28) J. H. Boyd MD 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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