

WHITE 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

MCCAM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenwood

Township of

or Inc. Town of

or City of Greenwood(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Robert Clarence Farmer (If child is not yet named, make supplemental report as directed)3) BOY OR GIRL
Boy(4) Twin or Triplet? 2(5) Number in order of birth Two(6) Are Parents Married? yes7) DATE OF BIRTH March 12, 1932
(Name of Month) (Day) (Year)

FATHER.

6) FULL NAME Robt. Frank Farmer9) PRESENT POSTOFFICE OF FATHER Greenwood SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29
(Yes)12) BIRTHPLACE Georgia13) OCCUPATION Textile20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Lee Long(15) PRESENT POSTOFFICE OF MOTHER Greenwood SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 17
(Year)(18) BIRTHPLACE Fountain Inn SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:00 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John Marshall
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenwood

Given name added from a supplemental report

(26) Witness
(Signatures of Witness necessary only when question 23 is signed by mark)(27) Filed 6/10/32 19... (28) W. A. Williams
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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

22449

Registration District No. 730Registered No. 71
(For use of Local Registrar)