

## (1) PLACE OF BIRTH

County of FlorenceTownship of Lake

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

22158

Registration District No. 2009Registered No. 86

(For use of Local Registrar)

(No. ....

St.; .....

Ward)

## (2) Full Name of Child

Robert Cameron

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

10

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH 5/16 19 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Robert Cameron

(9) PRESENT POSTOFFICE OF FATHER

Scranton

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

45

(Years)

(12) BIRTHPLACE

Scranton

(13) OCCUPATION

Farmer

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

10

(14) NAME BEFORE MARRIAGE

Nelly Shopper

(15) PRESENT POSTOFFICE OF MOTHER

Scranton

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37

(Years)

(18) BIRTHPLACE

Scranton

(19) OCCUPATION

House wife

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

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A. M., on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

W. B. Lynch, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Scranton, Pa.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

7/1119 22

(28)

R. L. Carter

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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