

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. H.—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.
 McCallaw of Columbia

(1) PLACE OF BIRTH
 County of Pike
 Township of
 or
 Inc. Town of
 or
 City of Pike, S.C. (No. St.; Ward)
 (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. 62831 For State Registrar Only

Registration District No. 22 Registered No. 35
 (For use of Local Registrar)

(2) Full Name of Child William Weatherbee } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</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 7 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Arthur Weatherbee</u>	(14) NAME BEFORE MARRIAGE <u>Minnie Williams</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Pike S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pike, S.C.</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Pike, S.C.</u>	(18) BIRTHPLACE <u>Pike, S.C.</u>			
(13) OCCUPATION <u>Keeper Livery Stable</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>			

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

(23) (Signature) Carric Harrison
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pike, S.C.

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness O. B. Hutson
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 23 1916 (28) O. B. Hutson 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.