

MARGIN RESERVED FOR BINDING.
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.
McCall 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.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 7 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Weatherbee

(9) PRESENT POSTOFFICE OF FATHER Pike S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Pike, S.C.

(13) OCCUPATION Keeper Livery Stable

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Williams

(15) PRESENT POSTOFFICE OF MOTHER Pike, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Pike, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

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) Carrice Harrison

(24) State whether Physician or 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.