

(1) PLACE OF BIRTH

County of GreenvilleTownship of Chick Springs

Inc. Town of

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

64502

Registration District No. 2204Registered No. 67

(For use of Local Registrar)

(2) Full Name of Child, James Roberson

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June, 23, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>James McGay</u>	(14) NAME BEFORE MARRIAGE <u>Carpie Roberson</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Greer S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greer S.C.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>30 1/2</u> <small>(Years)</small>
(12) BIRTHPLACE <u>S.C.</u>	(16) COLOR OR RACE <u>Black</u>
(13) OCCUPATION <u>Laborer</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>
(20) Number of children born to mother, including present birth	(18) BIRTHPLACE <u>S.C.</u>
	(19) OCCUPATION <u>Domestic</u>
	(21) Number of children of this mother now living, including present birth

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3-30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucy Beasley
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greer S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6-30 1916 (28) J. James 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.

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.

McCaw, of Columbia.