

WRITE 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.  
McCauley of Columbia.

(1) PLACE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA.  
Township of St. Phillips Bureau of Vital Statistics  
or St. Michaels State Board of Health  
Inc. Town of ..... Registration District No. ....  
or .....  
City of Charleston (No. 7 Mile) Registered No. ....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**45669**

(2) Full Name of Child. Butler Kinloch If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth 03 (6) Are Parents Married? yes (7) DATE OF BIRTH January 17 1916  
To be answered only in case of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Kinloch  
(9) PRESENT POSTOFFICE OF FATHER 7 Mile  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE 7 Mile  
(13) OCCUPATION Rohoren  
(20) Number of children born to mother, including present birth 0

MOTHER.

(14) NAME BEFORE MARRIAGE Larna Butler  
(15) PRESENT POSTOFFICE OF MOTHER 7 Mile  
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 35 (Years)  
(18) BIRTHPLACE 7 Mile  
(19) OCCUPATION Domestic  
(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 Celine at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lena M. Mail  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report

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

(27) Filed Jan 18 1916 (28) C. T. Myers 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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