

FORM NO. 2.

(1) PLACE OF BIRTH

County of Edgefield

Township of West

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
46101

Registration District No. 1813

Registered No. 2
(For use of Local Registrar)

(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 Jimmie Beutler

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 case of twins or triplets

(5) Number in order of birth

(6) Age of Parents Married?
(7) DATE OF BIRTH Jan 21 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Beutler

(15) PRESENT POSTOFFICE OF MOTHER Edgefield

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

(18) BIRTHPLACE Edgefield Co

(19) OCCUPATION House Electric

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 PM on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lottie T. Davis
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 191
 Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 191 (28) 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.

MARGIN RESERVED FOR BINDING.
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