

(1) PLACE OF BIRTH

County of CalhounTownship of Unionor
Inc. Town ofor
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

63302

Registration District No. 800 Registered No. 84

(For use of Local Registrar)

(2) Full Name of Child Emma May Jones

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

to be answered only in event of twins or triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH June 27 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marion Butler(9) PRESENT POSTOFFICE OF FATHER H. Matthews S(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Iron Worker(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Jones(15) PRESENT POSTOFFICE OF MOTHER H. Matthews(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Iron Worker(21) Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness W. H. Jones
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1916 (28) W. H. Jones

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.

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.
McCaw, of Columbia.