

## (1) PLACE OF BIRTH

County of MayhewTownship of Edinvilleor  
Inc. Town of .....or  
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

78226

Registration District No. 3300Registered No. 78  
(For use of Local Registrar)

## (2) Full Name of Child

Jamus Hall

{ 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

(6) Are Parents Married?

(7) DATE OF BIRTH Aug 1 1916  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME

Jamus Hall

(9) PRESENT POSTOFFICE OF FATHER

Bumtithville S.C.(10) COLOR OR RACE Colony(11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE

Mayhew S.C.

(13) OCCUPATION

Farming

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ella Williams

(15) PRESENT POSTOFFICE OF MOTHER

Bumtithville S.C.(16) COLOR OR RACE Colony(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE

Mayhew S.C.

(19) OCCUPATION

Domestic

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 6:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amanda Hall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeBumtithville S.C.

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 Aug 1 1916 (28) Jamus Hall 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.  
McCaw, of Columbia.