

THIS IS A PERMANENT RECORD.
 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.

(1) PLACE OF BIRTH **Edgewise**
 County of **Edgewise**
 Township of **Johnston**
 or
 Inc. Town of **Johnston**
 or
 City of **Johnston** (No. **1814** St.; **Ward**)
 (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
52059

(2) Full Name of Child **Clarence Jay** } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL **Bo** (4) Twin or Triplet? **No** (5) Number in order of birth **3** (6) Are Parents Married? **No** (7) DATE OF BIRTH **June 31 1916**
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME William Jay	(14) NAME BEFORE MARRIAGE Hannah Butler	(15) PRESENT POSTOFFICE OF FATHER Johnston S.C.	(16) COLOR OR RACE White
(9) PRESENT POSTOFFICE OF FATHER Augusta Ga	(17) AGE AT LAST BIRTHDAY 36 (Years)	(18) BIRTHPLACE Edgewise Co.	(19) OCCUPATION Washer woman
(10) COLOR OR RACE White	(20) Number of children born to mother, including present birth 3	(21) AGE AT LAST BIRTHDAY 28 (Years)	(22) Number of children of this mother now living, including present birth 2
(11) AGE AT LAST BIRTHDAY 36 (Years)			
(12) BIRTHPLACE Edgewise Co.			
(13) OCCUPATION Not much of anything			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **11** **A.M.** on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **C. F. Shorthouse M.D.**
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Johnston 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 **Apr 1 1916** (28) **A. J. Fair** 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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