

FORM NO. 5
 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.
 McCraw, of Columbia.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Greenville
 Township of Butler
 or
 Inc. Town of Registration District No. 2707 Registered No. 60
 or
 City of (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. Rosker, T. Butler } If child is not yet named, make supplemental report as directed

File No. For State Registrar Only
77226

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>Aug. 19 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Petigrew Butler</u>	(14) NAME BEFORE MARRIAGE <u>Effie Johnson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Greer St. R#5</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greer St. R#5</u>			
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Greenville Co. S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House Work</u>			
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Wm. W. Wood

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Greer St. R#5

Given name added from a supplemental report 191.....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. G. Jones

(27) Filed Aug 24 1916 (28) J. G. Jones Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc. should make a report as desired of stillbirths before the a child breathes even once, it must not be reported as stillborn. No report desired of stillbirths before the fifth month of pregnancy.