

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

(1) PLACE OF BIRTH

County of BerkeleyTownship of Eastonor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75889

Registration District No. 708 Registered No. 226

(For use of Local Registrar)

(2) Full Name of Child Joshua Butler

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

(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth 2nd(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Sept. 1st 1916
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE negro(11) AGE AT LAST
BIRTHDAY 43
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE negro(17) AGE AT LAST
BIRTHDAY 39
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 3:30 P. M.,
on the date above stated. (Born alive or stillborn), (Hour A. M. or P. M.)(23) (Signature) Lilla Collins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeEady Town S.C.Given name added from a supplement-
tal report

..... 191.....

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Registrar

(26) Witness

L. M. Cross
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed

Sept. 9th 1916

(28)

L. M. Cross
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.