

FORM NO. 3.

(1) PLACE OF BIRTH

County of Williamsburg
Township of Anderson

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

File No.—For State Registrar Only
70749

Inc. Town of Registration District No. H300 Registered No. 24
(For use of Local Registrar)
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... Eddy G. McButcher If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 28, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddy McButcher
(9) PRESENT POSTOFFICE OF FATHER Iris
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Id
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Brightman
(15) PRESENT POSTOFFICE OF MOTHER Iris
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Id
(19) OCCUPATION Field work
(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Sarah P. Proctor
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Iris S C

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7 7 1916 (28) G. W. Lambdin 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.
McNaw of Columbia.