

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

STATE OF SOUTH CAROLINA.

Township of

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

74836

or
Inc. Town of

Registration District No. 4009

Registered No. (For use of Local Registrar)

City of

MATTIE MAE

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

Helen Satterwhite

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

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Jim Satterwhite

(9) PRESENT
POSTOFFICE
OF FATHER

Woodruff S.C.

(10) COLOR
OR
RACE

col

(11) AGE AT LAST
BIRTHDAY37
(Years)

(12) BIRTHPLACE

Newberry Co

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE
MARRIAGE

Lillie Brown

(15) PRESENT
POSTOFFICE
OF MOTHER

Woodruff S.C.

(16) COLOR
OR
RACE

col

(17) AGE AT LAST
BIRTHDAY29
(Years)

(18) BIRTHPLACE

Spartanburg Co

(19) OCCUPATION

House keeper

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 9:15 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

E. O. Jolley

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Woodruff S.C.

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed

Aug 5 1916

(28)

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
McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.