

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.

Sav. of Columbia

(1) PLACE OF BIRTH

County of *Berkley*Township of *2nd St. Johns*Inc. Town of
or
OF

City of

(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

58830

Registration District No. *703*Registered No. *35*

(For use of Local Registrar)

(2) Full Name of Child *Rose Button*

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

(3) SEX OF
GIRL? *Girl*(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? *Yes*(7) DATE OF
BIRTH *April 26, 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME *Samuel Button*(9) PRESENT
POSTOFFICE
OF FATHER *Linopolis St*(10) COLOR
OR
RACE *Black*(11) AGE AT LAST
BIRTHDAY *44*
(Years)

(12) BIRTHPLACE

Berkley Co

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth*14*

MOTHER.

(14) NAME BEFORE
MARRIAGE *Rose Dawson*(15) PRESENT
POSTOFFICE
OF MOTHER *Linopolis St*(16) COLOR
OR
RACE *Black*(17) AGE AT LAST
BIRTHDAY *40*
(Years)

(18) BIRTHPLACE

Berkley Co

(19) OCCUPATION

Farming(21) Number of children of this mother
now living, including present birth*6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *7* *A. M.*,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Sena. S. Heddings*(24) State whether Physician or *Midwife* (25) Address of Physician or Midwife *Linopolis St*Given name added from a supplement
report

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Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) File *May 13, 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.