

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

71149

(1) PLACE OF BIRTH

County of Aiken
Township of Langley
or
Inc. Town of _____
or
City of _____

Registration District No. VII.2.A. Registered No. _____
(For use of Local Registrar)
St.; _____ Ward)
(No. _____ of street and number.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Butler Mealer

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>+</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 15</u> , 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME A R Mealer
(9) PRESENT POSTOFFICE OF FATHER Langley S.C.
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 65 (Years)
(12) BIRTHPLACE Aiken Co S.C.
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Mealer
(15) PRESENT POSTOFFICE OF MOTHER Langley S.C.
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE Aiken Co S.C.
(19) OCCUPATION House wife
(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 7.30 P.M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Henseta H. Burt M.D.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Graniteville S.C.

Given name added from a supplemental report _____ 191_____

Registrar

(26) Witness L.W. Spradley
(Signature of witness necessary only when question 23 is signed by male)
(27) Filed Aug 23 1916 (28) F. H. Dowdy 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. STATE 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.