

(1) PLACE OF BIRTH

County of Fairfield

Township of .....

or  
Inc. Town of .....or  
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

72627

Registration District No. 1907 Registered No. 66  
(For use of Local Registrar)(2) Full Name of Child Jamie Henry Able } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>One</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Aug 20</u> 19 <u>66</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Johnnie Miles

(9) PRESENT POSTOFFICE OF FATHER SK

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Fairfield County

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { ..... 1 .....

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Able

(15) PRESENT POSTOFFICE OF MOTHER Ridgeway S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Ridgeway S.C.

(19) OCCUPATION Tom

(21) Number of children of this mother now living, including present birth { ..... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at ..... 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Ridgeway S.C.

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness W. J. White  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 12 1916 (28) J. H. [Signature] 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.