

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 8.

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Fairfield</u>		STATE OF SOUTH CAROLINA.		72627	
Township of		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>1907</u>		Registered No. <u>66</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Jamie Henry Able</u>				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>	<u>1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Johnnie Miles</u>			(14) NAME BEFORE MARRIAGE <u>Eliza Able</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>SK</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ridgeway S.C.</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>21</u>			(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>17</u>
				(Years)	
(12) BIRTHPLACE <u>Fairfield County</u>			(18) BIRTHPLACE <u>Ridgeway S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth { <u>1</u> }			(21) Number of children of this mother now living, including present birth { <u>1</u> }		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>1 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Emma J. Jones</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Ridgeway S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>W. G. White</u>		
..... 191....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... Registrar			(27) Filed <u>Aug 12 1916</u> (28) <u>J. B. Smith</u> 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.