

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.

McGraw-Hill of Columbia.

(1) PLACE OF BIRTH
County of Saluda
Township of # 7
or
Inc. Town of
or
City of Hard Ce. (No.) (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
91713

Registration District No. 39.06 Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? - (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sonnie Jennings
(9) PRESENT POSTOFFICE OF FATHER Hard Ce.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Saluda
(13) OCCUPATION Jennings
(20) Number of children born to mother, including present birth { One

MOTHER.

(14) NAME BEFORE MARRIAGE Abbie Butter
(15) PRESENT POSTOFFICE OF MOTHER Hard Ce.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Saluda
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth { One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 10:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. R. H. Butler
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Hard Ce.

Given name added from a supplemental report

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

(27) Filed Jan 1917 (28) W. H. Brooks 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.

..... MONTH or pregnancy. BEFORE the