

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.

MCRAE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Berkeley.....
 Township of Eutaw.....
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)

(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
75888

Registration District No. 708 Registered No. 225
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>BOY</u>	(4) Twin or Triplets <u>no</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sep 1st 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Johnny Butler

(9) PRESENT POSTOFFICE OF FATHER Eady Town

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 43
(Years)

(12) BIRTHPLACE Eady Town S.C.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Belinda Collins

(15) PRESENT POSTOFFICE OF MOTHER Eady Town S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 39
(Years)

(18) BIRTHPLACE Eady Town S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Tilla Collins
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Eady Town S.C.

Given name added from a supplemental report

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(26) Witness J. M. Cross
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sep 9th 1916 (28) D. W. Cross
 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.