

FORM NO. 5

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFAADING 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.

McKay, of Columbia

(1) PLACE OF BIRTH  
 County of Greenwood  
 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  
**77365**

Registration District No. 73 Registered No. 85  
 (For use of Local Registrar)  
 St.; ..... Ward  
 (No. 650 Reynolds)

(2) Full Name of Child Roy Otis Bruteau } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 2 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Leo Bruteau  
 (9) PRESENT POSTOFFICE OF FATHER Greenwood S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE Anderson Co S.C.  
 (13) OCCUPATION Mill Employee  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Marie  
 (15) PRESENT POSTOFFICE OF MOTHER Greenwood S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)  
 (18) BIRTHPLACE Lancaster S.C.  
 (19) OCCUPATION Domestic  
 (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 1130 a. M.,  
 on the date above stated. (From alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M.P. Jernigan(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenwood S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10/10/16 1916. (28) W.A. Williams 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.

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.