

## (1) PLACE OF BIRTH

County of .....

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

45706

Registration District No. .... Registered No. ... 3

(For use of Local Registrar)

(2) Full Name of Child. *(Died) Jonathan (Died)* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>Twin</i>	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 16, 1916</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *J. E. Gauthier*(9) PRESENT POSTOFFICE OF FATHER *Blacksburg, S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *34* (Years)(12) BIRTHPLACE *Laurens Co S.C.*(13) OCCUPATION *Ry Fireman*

(20) Number of children born to mother, including present birth { ... 9

## MOTHER.

(14) NAME BEFORE MARRIAGE *Judith Bue*(15) PRESENT POSTOFFICE OF MOTHER *Blacksburg S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *37* (Years)(18) BIRTHPLACE *Laurens Co S.C.*(19) OCCUPATION *House work*

(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 ... at ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Jas. M. Caldw...*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Blacksburg, 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 *Jan. 31, 1916* (28) *Geo. A. Robertson* 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia