

(1) PLACE OF BIRTH

County of AllenTownship of AllenInc. Town of AllenCity of Allen

(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

58289

Registration District No. 200 Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child

Jamae Butler

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? no(7) DATE OF BIRTH April 15 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

Sellie May Butler

(15) PRESENT POSTOFFICE OF MOTHER

Mount Pleasant, S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Allen on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Shirley P. Page

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeMount Pleasant

Given name added from a supplemental report

(26) Witness

Sealor Johnson

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

(27) Filed

5/15/1916

(28)

Freemont, S.C.

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.