

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 McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Columbia
Township of # 7
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
91711

Registration District No. 3906 Registered No. 41
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets.</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>DEC 16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Aug. Butler</u>			(14) NAME BEFORE MARRIAGE <u>Edith Smallwood</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Johnton SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Johnton SC</u>	
(10) COLOR OR RACE <u>Negro</u> (ii) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Johnton SC</u>			(18) BIRTHPLACE <u>Johnton SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (How)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Johnton SC

Given name added from a supplemental report

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

(27) Filed Dec 1911 (28) [Signature] 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.