

FORM NO. 2 MARCH 1914
 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
 McCANN, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH **COLUMBIA**
 County of **Columbia**
 Township of **# 7**
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, 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
91711

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

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

(3) BOY OR GIRL? Boy	(4) Twin or Triplet? <i>To be answered only in case of Twins or Triplets.</i>	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH DEC 16 1914 (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME Aug. Butler		(14) NAME BEFORE MARRIAGE Edith Smallwood		
(9) PRESENT POSTOFFICE OF FATHER Johnton SC		(15) PRESENT POSTOFFICE OF MOTHER Johnton SC		
(10) COLOR OR RACE Negro		(16) COLOR OR RACE Negro		(17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Johnton SC		(18) BIRTHPLACE Johnton SC		
(13) OCCUPATION Farmer		(19) OCCUPATION Housewife		
(20) Number of children born to mother, including present birth 4		(21) Number of children of this mother now living, including present birth 3		

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) (Hour A.M. or P.M.)

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed **Dec 16 1914** (28) **[Signature]** Local Registrar

Given name added from a supplemental report
 191.....
 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.