

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

36771

County of Lexington, S.C. STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthTownship of Little Creekor
Inc. Town of Registration District No. 3408 Registered No. 22
(For use of Local Registrar)City of (No. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) <u> </u> of <u> </u> triplet? <u> </u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 4, 1913</u> (Month of Month) (Day) (Year)
(8) FULL NAME <u>Butler Kammer</u>			(14) NAME BEFORE MARRIAGE <u>Ellie Price</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Little Creek</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Little Creek</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>white</u>		
(12) BIRTHPLACE <u>S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)			
(13) OCCUPATION <u>Farm</u>			(18) BIRTHPLACE <u>S.C.</u>	
(19) OCCUPATION <u>Domestic</u>			(21) Number of children of this mother now living, including present birth <u>Six</u>	
(20) Number of children born to mother, including present birth <u>Six</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 A. M. on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) P. A. Smith, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Little Creek

Given name added from a supplemental report

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

(27) Filed Dec 10, 1913 (28) T. H. Shull 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.

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