

Form No. 1.

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

Inc. Town of

or

City of Greenville

(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

77150

Registration District No. 22 A Registered No. 392

(For use of Local Registrar)

(No. Columbia Ave & Rutledge St.; ... Ward)(2) Full Name of Child. Anthony James Butts

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

A. A. Butts

(9) PRESENT POSTOFFICE OF FATHER

Y-ville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Real estate &c

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillie Jenkins

(15) PRESENT POSTOFFICE OF MOTHER

Y-ville

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Smith

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

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 Oct 14 1916 (28) C. E. Smith 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.
McGraw, of Columbia.