

MADE IN AMERICA FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 IN WHICH CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 6.

RECORD OF BIRTHS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
 or
 Township of St. Paul
 or
 Inc. Town of
 or
 City of
 (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

3754

Registration District No. 31 Registered No. 11
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 12th 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Caleb L. Butler
 (9) PRESENT POSTOFFICE OF FATHER St. Paul
 (10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Charleston, S.C.
 (13) OCCUPATION Teacher
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Francis L. Butler
 (15) PRESENT POSTOFFICE OF MOTHER? St. Paul
 (16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Charleston, S.C.
 (19) OCCUPATION Teacher
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Butler (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife St. Paul

Given name added from a supplemental report

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

(27) Filed July 12th 1922 (28) W. H. Butler Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.