

## (1) PLACE OF BIRTH

County of SumterTownship of Madisonor  
Inc. Town of \_\_\_\_\_

City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 403No. 9286Registered No. 21

(For use of Local Registrar)

Registered No. 21

(For use of Local Registrar)

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

(2) Full Name of Child Low Ella Butler

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

(3) BOY OR GIRL? girl

(6) Twin or Triplet?

(5) Number in order of birth

(8) Sex of Parents

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER

(9) FULL NAME

Hermon Butler

(11) PRESENT POSTOFFICE OF FATHER

Wadsworth

(10) COLOR OR RACE

Col

(12) AGE AT LAST BIRTHDAY

36

(13) BIRTHPLACE

DC

(14) OCCUPATION

Farmer

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

4

## MOTHER

(16) NAME BEFORE MARRIAGE

Martin Butler

(18) PRESENT POSTOFFICE OF MOTHER

Wadsworth

(17) COLOR OR RACE

Col

(19) AGE AT LAST BIRTHDAY

28

(21) BIRTHPLACE

DC

(22) OCCUPATION

Domestic

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.(25) (Signature) Ellen H. H. H.

(26) Date of birth

(27) Place of birth

(28) Signature of Physician or Midwife

M. H. H.

Given name, address, occupation of physician or midwife

(29) Signature of Witness

(30) Signature of Witness necessary only if guardian is signed by mark

(31) When there is no signature of the physician or midwife, the certificate is invalid

(32) If a child is born dead, the certificate is invalid