CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
16310

(1) PLACE OF BIRTH

County of Orangeburg
Township of Zion
or
Inc. Town of .....
or
City of .....

Registration District No. 3619 Registered No. 21
(For use of Local Registrar)

(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH May 19 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Butler
(9) PRESENT POSTOFFICE OF FATHER Arby SC
(10) COLOR OR RACE Col
(11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Arby Co. S.C.
(13) OCCUPATION Farm
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Susie Baxter
(15) PRESENT POSTOFFICE OF MOTHER Arby SC
(16) COLOR OR RACE Col
(17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE Arby Co SC
(19) OCCUPATION Home Work
(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 10 a M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sella Kennedy
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Arby SC

Given name added from a supplemental report
.....
..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 1 1922 (28) Lo Hampton Dukes
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.

N. B.—In 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 5.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCAW OF COLUMBIA, COLUMBIA, S. C.