

FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Beaufort
Township of Hiltonhead
OR
Inc. Town of
OR
City of (No. St.; Ward)
(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
29017

Registration District No. 602 Registered No. 35
(For use of Local Registrar)

(2) Full Name of Child Herbert Butler

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u> <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Sept. 18, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Rufus Butler
(9) PRESENT POSTOFFICE OF FATHER Hiltonhead, S. C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Diana Chisholm
(15) PRESENT POSTOFFICE OF MOTHER Hiltonhead, S. C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Farm Laborer
(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 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. A. Chisholm
(24) State whether Physician or ~~Midwife~~ Midwife (25) Address of Physician or Midwife Hiltonhead, S. C.

Given name added from a supplemental report

(26) Witness W. A. Brown
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept. 21, 1922 (28) W. A. Brown 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.