

Form No. 3

(1) PLACE OF BIRTH

County of RichmondTownship Richmond

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21730

Registration District No. 3003 Registered No. 6-9
(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 Parah 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 Twin or Triplet (5) Number in order of birth 3 (6) Are Parents Married yes (7) DATE OF BIRTH July 20, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marion Butler(9) PRESENT POSTOFFICE OF FATHER Corrego(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 19
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Train hand(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Vernell Fortune(15) PRESENT POSTOFFICE OF MOTHER Corrego(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 18
(Year)(18) BIRTHPLACE SC(19) OCCUPATION Train Lerp(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 at M.,
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Phyllis Jones(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Wadwell

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 26, 1923 (28) Mrs. W. J. Jones
Local Registrar*When there was no attending physician or midwife, even 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