

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PREPARED READING.
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.

McCAUF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Murphy
Township of Fluor
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
19545

Registration District No. 3423 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 Harri Mary Butler If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 9, 1922
(Specify Month (Day) (Year))

8) FULL NAME FATHER. MOTHER.

9) PRESENT POSTOFFICE OF FATHER 14) NAME BEFORE MARRIAGE Elizabeth Boyd

10) COLOR OR RACE 11) AGE AT LAST BIRTHDAY 15) PRESENT POSTOFFICE OF MOTHER Murphy

12) BIRTHPLACE 16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 22
(Year)

13) OCCUPATION 18) BIRTHPLACE Murphy 19) OCCUPATION Dom Labor

20) Number of children born to mother, including present birth 4 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 white at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. J. Allen (24) State whether Physician or Midwife (25) Address of Physician or Midwife Murphy

Given name added from a supplemental report

(26) Witness J. M. Smith (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 14, 1922 (28) J. M. Smith 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.