

CO # 3994
6-16-87

MAINTENANCE RECORD.
R EACH CHILD, and mark the
tion 5.

MARGE
WRITE PLAINLY, WITH
N. B.—In case of TWINS OR TRIPLE
FIRST-BORN, No. 1.

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

File No.—For State Registrar Only
1904

(1) PLACE OF BIRTH
County of Orangeburg
Township of
or
Inc. Town of Branchville
or
City of *BY COURT ORDER 5-12-87, (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3601
*HORACE KINLAW

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>July 15 1923</u> (Name of Month) (Day) (Year)
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MOTHER.

(14) NAME BEFORE MARRIAGE Janie Butts

(15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION None

(21) Number of children of this mother now living, including present birth 1

(20) Number of children born to mother, 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 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lottie Stephens

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 30 1923 (28) Ernest Ott 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.

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