

## (1) PLACE OF BIRTH

County of AlbermarleTownship of Douglasor  
Inc. Town of .....or  
City of .....

(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

43261

Registration District No. 2504Registered No. H. 8

(For use of Local Registrar)

SL; ..... Ward)

(2) Full Name of Child James Marshall Butler

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Thos W Butler

(9) PRESENT POSTOFFICE OF FATHER

Myrtle Beach

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

36

(Years)

(12) BIRTHPLACE

Brunswick Co

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

Two

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ollie E Bellamy

(15) PRESENT POSTOFFICE OF MOTHER

Myrtle Beach

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

70

(Years)

(18) BIRTHPLACE

Brunswick Co

(19) OCCUPATION

Housewife

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

Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Mary Cooper

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Myrtle Beach

Given name added from a supplemental report

(26) Witness

Thos W Butler

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

17/18

(28)

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.

month of pregnancy.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.

McGraw-Hill