

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY. WITH ENFADING 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.

(1) PLACE OF BIRTH
County of Charleston
Township of St. P. St. M.
or
Inc. Town of
or
City of Boags
(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
3503

Registration District No. 909 Registered No. 30
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 10 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Helorn Butters
(9) PRESENT POSTOFFICE OF FATHER North Charleston
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Charleston Co.
(13) OCCUPATION Common Labour
(14) NAME BEFORE MARRIAGE Belia Edwards
(15) PRESENT POSTOFFICE OF MOTHER North Charleston
(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Charleston Co.
(19) OCCUPATION Housework
(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Belia Nelson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife North Charleston
Midwife

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by male)
(27) Filed Feb 13 1922 (28) C. T. Myers Local Registrar
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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