

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

Inc. Town of .....

OF .....

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

7019

Registration District No. 22Registered No. 138

(For use of Local Registrar)

(No. 3028 - Harvey)

Ward) .....

(2) Full Name of Child Harvey Cleveland Butler

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

3. BOY OR GIRL

Male

(4) Twin or Triplet

.....

(5) Number in order of birth

.....

(6) Are Parents Married?

Yes

7. DATE OF

BIRTH

Jan. 23 1923

(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME

Harvey Cleveland Butler

9. PRESENT POSTOFFICE OF FATHER

Greenville, S.C.

17. COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(Year)

12. BIRTHPLACE

Greenville, S.C.

13. OCCUPATION

Collar Business

20. Number of children born to mother, including present birth

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Parolee Goldsmith

(16) PRESENT POSTOFFICE OF MOTHER

Greenville, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(Year)

(18) BIRTHPLACE

Atlanta, Ga.

(19) OCCUPATION

H. V.

(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 ..... on the date above stated.

(Born alive) ..... (Hour A. M. or P. M.) 5 A. M.(23) (Signature) J. L. Anderson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

N. H.

Given name added from a registration and report

.....

When there was no child, if a child breathes

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

Mar. 24, 1923 C. L. Smith