

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Chesterfield, S.C. STATE OF SOUTH CAROLINA.
 Township of Cheraw, S.C. Bureau of Vital Statistics
 Inc. Town of Cheraw, S.C. State Board of Health

File No.—For State Registrar Only
41613

Registration District No. 12A Registered No. 85
 (For use of Local Registrar)
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Janie May Butler If child is not yet named, make supplemental report as directed.

(3) SEX OR GIRL girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 12, 22
 (Name of Month) (Day) (Year)

FATHER.

MOTHER

(5) FULL NAME Fred Butler

(14) NAME BEFORE MARRIAGE Dora Stacy

(9) PRESENT POSTOFFICE OF FATHER Cheraw, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Cheraw, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Malboro Co., S.C.

(18) BIRTHPLACE Malboro County, S.C.

(13) OCCUPATION Cotton Mill Labor

(19) OCCUPATION Housewife

(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 alive at 1:10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. J. S. Jundenburg

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Cheraw, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) E. L. Bull

(27) Filed Dec 12, 1922 (28) Martin D. R. Part 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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