

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

City of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Butt RamonFILE - For this Register
17739CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 22ARegistered No. 437
(For use of Local Registrar)(No. 122 Bush St.; Ward)

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
To be entered only in event of Twin or Triplet(6) Are Parents Married Yes(7) DATE OF BIRTH June 6, 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Boyd Henry(9) PRESENT RESIDENCE OF FATHER Greenville S.C.(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Callahan(16) PRESENT RESIDENCE OF MOTHER Greenville S.C.(17) COLOR OR RACE Col(18) AGE AT LAST BIRTHDAY 32
(Years)(19) BIRTHPLACE S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 11:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 15, 1923(28) Local Registrar [Signature]

*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.

before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

Bureau of Columbia, Columbia, S. C.