

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

(1) PLACE OF BIRTH

County of Pickens
 Township of Catauch
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only

4942

Registration District No. 372 Registered No. 97
 (For use of Local Registrar)

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

(2) Full Name of Child Simon P. Butts (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 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 15 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Simon P. Butts</u>	(14) NAME BEFORE MARRIAGE <u>Deanie Sherriff</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Catauch, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Catauch, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Bottom Mill Worker</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>✓</u>
(20) Number of children born to mother, including present birth <u>1 2</u>	(21) Number of children of this mother now living, including present birth <u>1 2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(23) (Signature) J. L. Webb (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Catauch, S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date Mar. 6 1923 (28) J. H. Bearden 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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