

(1) PLACE OF BIRTH

County of AllendaleTownship of Millitt

Inc. Town 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

Registration District No. H. H. H.No. 30830Registered No. 25
(For use of Local Registrar)(2) Full Name of Child Linnie Reed

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

(a) SEX <u>Female</u>	(b) Type of Twin <u>+</u>	(c) Number in order of birth <u>1</u>	(d) Age in Years <u>10</u>	(e) DATE OF BIRTH <u>Sept 2, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(1) NAME BEFORE MARRIAGE <u>J. B. Butts</u>	(2) NAME OF FATHER <u>W. H. Butts</u>	(3) COLOR of FATHER <u>Negro</u>	(4) AGE AT LAST BIRTHDAY <u>35</u> (Year)
(5) BIRTHPLACE <u>S. C.</u>	(6) OCCUPATION <u>Farming</u>	(7) Number of children born to mother, including present birth <u>1</u>	

MOTHER.

(1) NAME BEFORE MARRIAGE <u>Anna Reed</u>	(2) NAME OF MOTHER <u>Millitt Villie</u>	(3) COLOR of MOTHER <u>Negro</u>	(4) AGE AT LAST BIRTHDAY <u>20</u> (Year)
(5) BIRTHPLACE <u>S. C.</u>	(6) OCCUPATION <u>Home work</u>	(7) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born at 11 A. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(29) (Signature) Sophie Reed(30) State whether (Physician or Midwife) Midwife(31) Address of Physician or Midwife W. H. ButtsGiven name added from a supplement-
tal reportW. H. Butts
Sept 2, 1923(32) Witness (Signature of Witness necessary only
when question 28 is signed by mark)(33) Signed Sept 2, 1923 (34) Local RegistrarWhen there was an 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.