

(1) PLACE OF BIRTH

County of Sumter  
Township of Sumter  
OF  
Inc. Town of .....  
OF  
City of .....

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

No. for State Registrar's Use  
22704

Registration District No. .... Registered No. .... 80  
(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 Eric Butler If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH July 10, 23  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Joe Butler  
(9) PRESENT POSTOFFICE OF FATHER Sumter  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 50  
(Year)  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 4

MOTHER  
(14) NAME BEFORE MARRIAGE anna Picken  
(15) PRESENT POSTOFFICE OF MOTHER Sumter  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23  
(Year)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was ... born alive ... 7 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Dorcas Gaus  
(23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Sumter

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark) .....  
(26) Filed ..... 19 .. (27) 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.