

## (1) PLACE OF BIRTH

County of SumterTownship of SumterOF  
Inc. Town of .....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

File by State Registrar

22764

Registration District No. .... Registered No. .... 80

(For use of Local Registrar)

(2) Full Name of Child Elie Butler If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH July 10, 1923  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Joe Butler</u>	(14) NAME BEFORE MARRIAGE <u>Anna Picken</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Sumter</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Sumter</u>
(9) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>50</u>	(10) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>
(12) BIRTHPLACE <u>S. C.</u>	(15) OCCUPATION <u>Farmer</u>	(12) BIRTHPLACE <u>S. C.</u>	(15) OCCUPATION <u>Housewife</u>
(13) OCCUPATION <u>Farmer</u>	(16) OCCUPATION <u>Housewife</u>	(18) Number of children born to mother, including present birth <u>4</u>	(19) Number of children of this mother now living, including present birth <u>4</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) 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.)(21) (Signature) D. S. Davis(22) State whether Physician or Midwife Midwife(23) Address of Physician or Midwife Sumter

(Given name added from a supplemental report)

(24) Witness (Signature of Witness necessary only when question 20 is signed by mark)

(25) Filed (26) 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.