

## (1) PLACE OF BIRTH

County of Anderson  
Township Jones Parkor  
Inc. Town of.....or  
City of.....

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

Registration District No. 3.47Registered No. 29  
(For use of Local Registrar)

## (2) Full Name of Child

Louise Butler

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

(1) SEX OF CHILD

(2) TWIN or TRIPLE

(3) NUMBER IN ORDER OF BIRTH

(4) F

(5) DATE OF BIRTH

Feb 21 3

(Month) (Day) (Year)

## FATHER.

(6) FULL NAME

John William Clayton Butler

(7) CURRENT RESIDENCE OF FATHER

Jones Park SC

(8) COLOR OF SKIN

White

(9) AGE AT LAST BIRTHDAY

25

(10) BIRTHPLACE

Anderson Co

(11) OCCUPATION

Farmer

## MOTHER.

(12) FULL NAME

Russell McQuinn

(13) CURRENT RESIDENCE OF MOTHER

Jones Park SC

(14) COLOR OF SKIN

White

(15) AGE AT LAST BIRTHDAY

25

(16) BIRTHPLACE

Anderson

(17) OCCUPATION

Dom

(18) Number of children born to mother, including present child

3

(19) Number of children of this mother now living, including present child

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was  
on the date above stated.Alive

(Was alive or stillborn)

10:25 A.M.

(Hour A.M. or P.M.)

(21) SIGNATURE

W. B. Williams

(22) NAME OF PHYSICIAN OR MIDWIFE

Jones Park SC

Given name and address of parent or guardian

and signature

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Signature of physician or midwife necessary only  
if child is not named (to be signed by mark)

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Form No. 1, 1918, U.S. DEPT. OF COMMERCE, BUREAU OF CENSUS, WASHINGTON, D.C.