

FORM NO. 5
MARGIN RESERVED FOR BINDING.
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 mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc, in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		77226	
Township of <u>Butler</u>		Bureau of Vital Statistics		State Board of Health	
or Inc. Town of		Registration District No. <u>2207</u>		Registered No. <u>60</u>	
or City of		(For use of Local Registrar)		St.; Ward	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child. <u>Booker T. Butler</u> } If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>Aug. 19, 1916</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Petigrew Butler</u>			(14) NAME BEFORE MARRIAGE <u>Effie Johnson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greer S.B. R#5</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greer S.B. R#5</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Greenville Co. S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House Work</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born</u> at a.m., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>W. W. Wood</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Greer S.B. R#5</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191.....				
Registrar			(27) Filed <u>Aug 24, 1916</u> (28) <u>Y. G. Jones</u> Local Registrar.		

*When there was no attending physician or midwife, then the father, householder, etc. should make a statement that a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.