

## (1) PLACE OF BIRTH

County of Charleston  
 Township of St. Johns  
 Inc. Town of St. Johns  
 City of St. Johns

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

3170

Registration District No. 9A Registered No. 260  
 (For use of Local Registrar)

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

(2) Full Name of Child Charles Robert Butler

(3) SEX OF CHILD Male (4) DATE OF BIRTH July 1, 1912 (5) TIME OF BIRTH 10:30  
 (6) PLACE OF BIRTH St. Johns (7) PLACE OF BIRTH St. Johns

(8) NAME OF FATHER George Frank Butler (9) NAME OF MOTHER Elizabeth Butler

(10) COLOR OF FATHER White (11) AGE AT LAST BIRTHDAY 49 (12) COLOR OF MOTHER White (13) AGE AT LAST BIRTHDAY 29

(14) BIRTHPLACE OF FATHER Charleston S.C. (15) BIRTHPLACE OF MOTHER Charleston S.C.

(16) OCCUPATION OF FATHER R.R. Protection (17) OCCUPATION OF MOTHER Housewife

(18) Number of children of this mother 10 (19) Number of children of this mother 9

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(21) (Signature) Dr. J. M. ... (22) Name of Physician or Midwife Dr. J. M. ... (23) Address of Physician or Midwife Charleston S.C.

(24) Witness Dr. J. M. ... (25) Witness Dr. J. M. ...

(26) Date 7/1/12 (27) Time 10:30

(28) Local Registrar J. M. ...

(29) Local Registrar J. M. ...

(30) Local Registrar J. M. ...

(31) Local Registrar J. M. ...

(32) Local Registrar J. M. ...

(33) Local Registrar J. M. ...