

(1) PLACE OF BIRTH

County of Darby
 Township of Darby
 or
 Inc. Town of
 or
 City of

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

No. for State Registrar Only

277

Registration District No. 7-00 Registered No. 17
 (For use of Local Registrar)

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

(2) Full Name of Child John B. ... If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Type or Frigate (5) Number in order of birth (6) Age at last birthday (7) DATE OF BIRTH Jan 23
 Is in accordance with report of Father or Mother (Day) (Year)

FATHER. **MOTHER.**
 (8) FULL NAME (14) NAME BEFORE MARRIAGE Felix Butterfield
 (9) PRESENT POSTOFFICE OF FATHER (15) PRESENT POSTOFFICE OF MOTHER Darby
 (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (18) COLOR OR RACE (19) AGE AT LAST BIRTHDAY
 (20) BIRTHPLACE (21) BIRTHPLACE Darby
 (22) OCCUPATION (23) OCCUPATION Farmer Stand
 (24) Number of children born to mother, including present birth 2 (25) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(27) (Signature) Ella Slater (28) Address of Physician or Midwife Darby
 (29) State whether Physician or Midwife midwife

Given name added from a supplemental report

(30) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(31) Filed 1/30/22 (32) John Coomer 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.