

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.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>backham</u>				STATE OF SOUTH CAROLINA		75906	
Township of <u>Amelia</u>				Bureau of Vital Statistics			
or				State Board of Health			
Inc. Town of				Registration District No. <u>800</u>		Registered No. <u>119</u>	
or						(For use of Local Registrar)	
City of				(No. 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>John 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>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 5, 1916</u> (Name of Month) (Day) (Year)			
FATHER.				MOTHER.			
(8) FULL NAME <u>Mock Butler</u>				(14) NAME BEFORE MARRIAGE <u>Daisy Goodley</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>St. Matthews S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>St. Matthews S.C.</u>			
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)		(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>South Carolina</u>				(18) BIRTHPLACE <u>South Carolina</u>			
(13) OCCUPATION <u>Farmer Laborer</u>				(19) OCCUPATION <u>Farmer Laborer</u>			
(20) Number of children born to mother, including present birth <u>2</u>				(21) Number of children of this mother now living, including present birth <u>2</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>7 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>Florrie Lawrence</u>				(25) Address of Physician or Midwife <u>St. Matthews S.C.</u>			
(24) State whether Physician or Midwife <u>midwife</u>							
Given name added from a supplemental report				(26) Witness <u>AR Cobb</u> (Signature of Witness necessary only when question 23 is signed by mark)			
....., 19				(27) Filed <u>Sept. 11, 1916</u> (28) <u>AR Cobb</u> Local Registrar.			
..... 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.							