

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. James
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18246

Registration District No. 130.2 Registered No. 32
 (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 Rosa Lee Butler (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 7, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Arnon Butler</u>			(14) NAME BEFORE MARRIAGE <u>Estell Butler</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Davis Sta & C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Davis Sta & C</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Clarendon Co</u>			(18) BIRTHPLACE <u>Clarendon Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Home & Field</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 Delia at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leatrice R. Ramm(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by parent)

(27) June 14, 1922 (28) F. G. Richburg
 Registrar 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.