

Form No. 1

## (1) PLACE OF BIRTH

County of RichmondTownship of St. Albansor  
Inc. Town of .....or  
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 James ButlerFile No. — For State Registrar Only  
**40088**Registration District No. .... Registered No. ....  
(For use of Local Registrar)If child is not yet named, make  
supplemental report as directed(3) BOY OR  
GIRL? Boy(4) Twin  
or Triplet? No(5) Number in  
order of birth 2  
To be answered only in event of Twins or Triplets(6) Are  
Parents  
Married? NoDATE OF  
BIRTH Dec. 29 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY .....  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to  
mother, including present birth

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Elinor Butler(15) PRESENT  
POSTOFFICE  
OF MOTHER Richmond(16) COLOR  
OR  
RACE negro(17) AGE AT LAST  
BIRTHDAY .....  
(Years)(18) BIRTHPLACE Richmond, Va.(19) OCCUPATION farm hand(21) Number of children of this mother  
now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. D. Butler(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Richmond, Va.Given name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Jan 19 1924

(28)

P. H. Stealy

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.

RECEIVED BY THE REGISTRAR OF THE STATE OF SOUTH CAROLINA, COLUMBIA, S.C. JAN 20 1924