

(1) PLACE OF BIRTH

County of Anderson
 Township of Valerius
 or
 Inc. Town of
 or
 City of Anderson

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

File No. - For State Registrar Only
9948

Registration District No. 3.13 Registered No. 11
 (For use of Local Registrar)

(No. 3 Primes 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 Pauline Butts If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 8 1922
 (State of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius R. Butts
 (9) PRESENT POSTOFFICE OF FATHER Anderson
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Illinois Co
 (13) OCCUPATION mill op
 (20) Number of children born to mother, including present birth 1 6

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Lilly
 (15) PRESENT POSTOFFICE OF MOTHER Anderson
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Illinois Co
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth 1 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive or not born (at 6:20 M.)
 on the date above stated. (Hour 6:20 or P.M.)
 (23) (Signature) A. Smith
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

Give name added from a supplemental report

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

(27) Filed May 16 1922 (28) B. A. Chod 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.

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