

(1) PLACE OF BIRTH

County of RichlandTownship of Langley

Inc. Town of

City of Near Langley

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30795

Registration District No. 21.4.6 Registered No. 137

(For use of Local Registrar)

St. () Ward ()

(2) Full Name of Child Willie Butler

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 1(6) Are Parents Married? Yes

(7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Butler(9) PRESENT POSTOFFICE OF FATHER Warrenville S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Saluda S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Butler(15) PRESENT POSTOFFICE OF MOTHER Warrenville S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 41 (Years)(18) BIRTHPLACE Saluda S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive (Hour A. M. or P. M.) 12 on the date above stated.(22) (Signature) Martha T. Thomas(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Langley S.C.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 21 is signed by mark)

(26) State Registrar

(27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born before the fifth month of pregnancy, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.