

## (1) PLACE OF BIRTH

County of Charlotte

Township of .....

Inc. Town of .....

City of Charlotte, N.C.

(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

3213

309

Registration District No. 9A Registered No. ....

(For use of Local Registrar)

(No. 35 So. Alexander St.) Ward(2) Full Name of Child Junie Butler

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? h(4) Twin or Triplet? x(5) Number in order of birth x(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 13 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Linney Butler(9) PRESENT POSTOFFICE OF FATHER 30 So Alexander(10) COLOR OR RACE C(11) AGE AT LAST BIRTHDAY 40  
(Year)(12) BIRTHPLACE Charlotte(13) OCCUPATION laborer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Wallace(15) PRESENT POSTOFFICE OF MOTHER 30 So Alexander(16) COLOR OR RACE C(17) AGE AT LAST BIRTHDAY 28  
(Year)(18) BIRTHPLACE Charlotte(19) OCCUPATION domestic(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 p. M., on the date above stated. born alive or stillborn (Hour A. M. or P. M.)(23) (Signature) M. C. Polk(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife 32 Calhoun

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 18(28) Local Registrar 32

\*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.