

Form No. 1

(1) PLACE OF BIRTH

County of Bamberg
 Township of Orangeburg
 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

290

Registration District No. 493 Registered No. 2
 (For use of Local Registrar)

(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 Anna 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 case of Twin or Triplet	5) Number in order of birth	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>1/20</u> 19 <u>23</u> (Month of Month) (Day) (Year)
FATHER.		MOTHER.		
8) FULL NAME <u>Willard Butler</u>		14) NAME BEFORE MARRIAGE <u>Abellis Turner</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Bamberg</u>		15) PRESENT POSTOFFICE OF MOTHER <u>Bamberg SC</u>		
10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>25</u> (Year)		16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>20</u> (Year)		
12) BIRTHPLACE <u>Orangeburg</u>		18) BIRTHPLACE <u>Bamberg CO</u>		
13) OCCUPATION <u>farmer</u>		19) OCCUPATION <u>domestic</u>		
20) Number of children born to mother, including present birth <u>3</u>		21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive ... at 8 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) midwife
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anna Leamy Bamberg SC

Given name added from a supplemental report

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

(27) Filed 1/27 1924 (28) A. H. Sandifer
 Registrar Local Registrar

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

NOT TO BE REPRODUCED FOR RENEWAL. WITH A SPACING SIGN—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS—USE A SEPARATE BLANK FORM FOR EACH CHILD. AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 8