

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

City of "

(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

34637

Registration District No. 2209ARegistered No. 439

(For use of Local Registrar)

(No. Greenville Cemetery Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) <u>Two</u> To be entered only in case of Twins or Triplets	(5) Number in order of birth <u>5</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>9-15</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME John Butler(9) PRESENT POSTOFFICE OF FATHER Greenville Cemetery R.F.D.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Mechanic(20) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Clara McFarland(15) PRESENT POSTOFFICE OF MOTHER same(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION housework(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour, P.M. or P.M.)(23) (Signature) Philip J. Green(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Oct. 15 1922 (28) P.H. M. M. M. 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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