

(1) PLACE OF BIRTH

County of Saluda

Township of

OF
Inc. Town ofOF
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

30036

Registration District No. 3908 Registered No. 53
(For use of Local Registrar)(2) Full Name of Child William Butler (If child is not yet named, make supplemental report as directed)(3) SEX MALE (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 2 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Chapman(9) PRESENT POSTOFFICE OF FATHER Saluda S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Saluda Co(13) OCCUPATION Miner(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Butler(15) PRESENT POSTOFFICE OF MOTHER Saluda S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Saluda Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 12 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elmer Welch(24) State whether Physician or Midwife (25) Address of Physician or Midwife Saluda S.C.

(Given name added from a supplemental report)

(26) Witness Martha Butler
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 1 1923 (28) Martha Butler
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.