

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of ...Orbg.....		STATE OF SOUTH CAROLINA		139-22-051155	
Township of ...Zion.....		Bureau of Vital Statistics			
Inc. Town of...R.....		State Board of Health			
City of ...Rf DD #3.....		Registration District No. 3619		Registered No. 1	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No.St.)		(For use of Local Registrar)	
(2) Full Name of Child		Not Named Yet		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? Boy	(4) Twin or Triplet? Twin	(5) Number in order of birth 10	(6) Are Parents Married? Yes	(7) DATE OF BIRTH 1/17/1922	
FATHER.		MOTHER.			
(8) FULL NAME Sam Butler		NAME BEFORE MARRIAGE Rosa Holman			
(9) PRESENT POSTOFFICE OF FATHER Orbg R.3 SC		PRESENT POSTOFFICE OF MOTHER R.3 Orbg SC			
(10) COLOR OR RACE Co	(11) AGE AT LAST BIRTHDAY 59	(12) BIRTHPLACE Orbg. Co. SC	(13) OCCUPATION Farming	(14) COLOR OR RACE Co	(15) AGE AT LAST BIRTHDAY 37
(16) BIRTHPLACE Orbg. Co. SC		(17) OCCUPATION Housewife			
(18) Number of children born to mother, including present birth 10		(19) Number of children of this mother now living, including present birth 8			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 M., on the date above stated (Born alive or stillborn) (Hour A. M. or P. M.)					
Signature H. D. Rowe, MD					
Whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed Feb 1 1922 (28) W. H. Dukes 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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