

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of Providenceor  
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

12188

Registration District No. 4105 Registered No. 36  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Grant Butler If child is not yet named, make supplemental report as directed

(3) SEX OR ONLY <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>April 16, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Leuel Bradford

(9) PRESENT POSTOFFICE OF FATHER Dagrell S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 19 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm Labor

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Butler

(15) PRESENT POSTOFFICE OF MOTHER Dagrell S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 17 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION at home

(20) Number of children of this mother now living, including present birth 1

(21) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Sarah Ann Mitchell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. Eva Burkett  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 24, 1923 (28) J. B. Rafferty  
Registrar 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.