

Form No 1.

(1) PLACE OF BIRTH Saluda  
 County of Saluda  
 Township of 4-4  
 Inc. Town of Saluda  
 City of Saluda  
 (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  
**50354**

Registration District No. 3913 Registered No. 7  
 (For use of Local Registrar)

(2) Full Name of Child Herbert H. Butler  
 Sex: Male  
 (If child is not yet named, make supplemental report as directed.)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 12 1916  
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Ben Herbert</u>	(14) NAME BEFORE MARRIAGE <u>Mina Butler</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Saluda S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Saluda S.C.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>Blk</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Saluda Co.</u>	(18) BIRTHPLACE <u>Saluda Co.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</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 Saluda, S.C. (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.  
 (23) (Signature) Margaret T. Jackson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report Ben Herbert  
 (26) Witness Ben Herbert  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Mar 9 1916 (28) J. B. Branch 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.

MARGIN RESERVED FOR FINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. H.—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.

McCaw, of Columbia.