

MARGIN RESERVED FOR BINDING.  
WHITE PLAINS. WITH ENLARGING INK.—THIS IS A PERMANENT RECORD, and mark the  
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 <u>Greenwood</u>		STATE OF SOUTH CAROLINA		4482	
Township of <u>Kimberly</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
or City of .....		Registration District No. <u>2308</u>		Registered No. <u>2</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>John Walter Butler</u>		If child is not yet named, make supplemental report as directed			
(3) <u>BOY OR</u>	(4) <u>Twin or Triplet?</u>	(5) <u>Number in order of birth</u>	(6) <u>Are Parents Married?</u>	(7) <u>DATE OF BIRTH</u>	
<u>Boy</u>			<u>yes</u>	<u>Jan 2 22</u>	
To be answered only in event of Twins or Triplets				(Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Butler</u>			(14) NAME BEFORE MARRIAGE <u>Mary Bluford</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ninety Six, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ninety Six, S.C.</u>		
(10) COLOR OR RACE <u>negro</u>		(11) AGE AT LAST BIRTHDAY <u>48</u>	(16) COLOR OR RACE <u>negro</u>		(17) AGE AT LAST BIRTHDAY <u>40</u>
(12) BIRTHPLACE <u>Saluda, S.C.</u>		(18) BIRTHPLACE <u>Saluda, S.C.</u>			
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born Alive</u> at <u>6 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mary X Johnson</u>					
(24) State whether <u>Physician or Midwife</u>					
(25) Address of Physician or Midwife <u>Ninety Six, S.C.</u>					
Given name added from a supplemental report					
(26) Witness <u>Louise C. Crary</u>					
(Signature of Witness necessary only when question 25 is signed by marks)					
(27) Filed <u>Feb 8 22</u> (28) <u>Louise C. Crary</u> 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.					

RECEIVED OF COLUMBIA, S. C.