

(1) PLACE OF BIRTH
 County of Sumter
 Township of Providence
 OF
 Inc. Town of
 OR
 City of (No. St. Ward) (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
57792

Registration District No. 4105 Registered No. 49
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>April, 26, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Jake Butler Sr.</u>			(14) NAME BEFORE MARRIAGE <u>Theresa Johnson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Dalzell S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Dalzell S.C.</u>	
(10) COLOR OR RACE <u>Regu</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Regu</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth { <u>6</u>			(21) Number of children of this mother now living, including present birth { <u>6</u>	

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) Offie. H. Anderson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Dalzell S.C.

Given name added from a supplemental report
 191.....
 Registrar

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

(27) Filed May 2nd 1916 (28) B. M. Shughlin
 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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