

(1) PLACE OF BIRTH

County of Edgefield
 Township of Johnston
 or
 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

40101

Registration District No. 1814 Registered No. 71
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 12 / 1 / 23
 To be covered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clyde Butler
 (9) PRESENT POSTOFFICE OF FATHER Johnston
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE Johnston
 (13) OCCUPATION Insurance

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Norbman
 (15) PRESENT POSTOFFICE OF MOTHER Johnston
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE Nardi, D. C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, 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 9 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. E. H. Norbman

(24) State 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 22 is signed by mark)

(27) Filed Dec 9 1923

(28)

L. Maxwell 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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REMAIN UNREMOVED FOR RECORDING.
 WITH PLAINLY. WITH UNIFORMITY. THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLETS AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 4.
 Bureau of Columbia, Columbia, S. C.