CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
47947

(1) PLACE OF BIRTH

County of Anderson

Township of Williamston

or Inc. Town of Pelzer, S.C.

or City of ..... (No. ..... St.; ..... Ward)

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

Registration District No. 3-D Registered No. 17 (For use of Local Registrar)

(2) Full Name of Child. Henry Butterfield

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 6, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME J A Butterfield	(14) NAME BEFORE MARRIAGE Nonie Stuart
(9) PRESENT POSTOFFICE OF FATHER Pelzer S C	(15) PRESENT POSTOFFICE OF MOTHER Pelzer S C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Williams County S C	(18) BIRTHPLACE Williams County S C
(13) OCCUPATION Mill Work	(19) OCCUPATION Housekeeper
(20) Number of children born to mother, including present birth 2	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) .....

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Pelzer S C

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Mar. 9, 1916 (28) Francis J. Pelzer, 3rd 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.

Registrar

Local Registrar

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FORM NO. 6. MARGIN REQUIRED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.
WEEK, M. D., McCaw, of Columbia.
McCa.