

MARGIN RESERVED 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 OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter
Township of Madison
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 4103

File No.—For State Registrar Only
87607

Registered No. 54
(For use of Local Registrar)

(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 Henry Butler

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 Mar 9 1926
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harmon Butler
(9) PRESENT POSTOFFICE OF FATHER Wedgefield
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Brown
(15) PRESENT POSTOFFICE OF MOTHER Wedgefield
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Laborer
(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 born at 11 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Reuben Miller

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness M L Paul
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 26 1926 (28) M L Paul 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.