

(1) PLACE OF BIRTH

County of Orangeburg
Township of Windsor
UP
Inc. Town of
UP
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

1201

Registration District No. 3611

Registered No. 98
(For use of Local Registrar)

(2) Full Name of Child

3. BOY OR GIRL?

girl

(4) Twin or Triplet?

TO BE ANSWERED ONLY IN CASE OF TWINS OR TRIPLETS

(5) Number in order of birth

8

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 26, 1923
(Name of Month) (Day) (Year)

MOTHER.

1. FULL NAME

James Butler

9. PRESENT POSTOFFICE OF FATHER

7 Norway, SC

10. COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

3-2
(Years)

12. BIRTHPLACE

S.C.

13. OCCUPATION

Laborer

(14) NAME BEFORE MARRIAGE

Rosa Ellen

(15) PRESENT POSTOFFICE OF MOTHER

Norway, SC

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

49
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

8

20. Number of children born to mother including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

C. W. Price

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 12, 1923

(28)

C. W. Price
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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