

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29431

County of Richland
Township of Filley

City of ...
or
In Town of ...
or

Registration District No. 34

Registered No. 34
(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.)

Full Name of Child Alma Butler If child is not yet named, make supplemental report as directed

BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 16, 1923
(Name of Month) (Day) (Year)

FATHER.

FULL NAME Simp Butler
PRESENT POSTOFFICE OF FATHER Kinards S.C.
COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Newberry Co. S.C.
OCCUPATION Farming
Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Gless
(15) PRESENT POSTOFFICE OF MOTHER Kinards S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Newberry Co. S.C.
(19) OCCUPATION House Work
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Edna Adkins

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry S.C.

Give name added from a supplemental report

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

(27) Filed ... (28) ... Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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