

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.

(1) PLACE OF BIRTH

County of Saluda  
Township of 2  
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  
**23758**

Registration District No. 39.01 Registered No. 58  
(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 Catherine Butler

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

(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 March 4, 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Doc Butler  
(9) PRESENT POSTOFFICE OF FATHER Monetta  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 46  
(Years)  
(12) BIRTHPLACE Edgefield, Co  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 8

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Laura Darby  
(15) PRESENT POSTOFFICE OF MOTHER Monetta  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 36  
(Years)  
(18) BIRTHPLACE Edgefield Co  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. B. Toombs Jr  
(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Ridge Spring St

Given name added from a supplemental report

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

(27) Filed Aug 2, 1922 (28) F. W. Cronch 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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