

(1) PLACE OF BIRTH

County of Edgfield

Township of White

or
Inc. Town of

or
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

18819

Registration District No. 1813 Registered No. 6

(2) Full Name of Child. Clarence R. Butt } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 21 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME William A. Butler

(9) PRESENT POSTOFFICE OF FATHER Edgfield S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Edgfield S.C.

(13) OCCUPATION Harmin'g

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Brown

(15) PRESENT POSTOFFICE OF MOTHER Edgfield S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Edgfield S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:15 on the date above stated.
 (Name of child, sex, date and time of birth, and whether day or night)

(23) (Signature) [Signature]

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

Given name added from a supplemental report

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

(27) Filed Jan 21 1916 (28) [Signature] 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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FORM 1-BORN, No. 1. USE OTHER, No. 2, etc., in question 8.

McCaw, of Columbia.

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