

U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of Clarendon

Township of.....

or  
Inc. Town of Summerton

or  
City of.....

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1302

16 093412

FILE No.—For State Registrar Only

00085

Registered No. ....  
(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

Charles S. Butler

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

3. Boy or Girl Boy If Plural births ..... 4. Twins, triplets or other..... 6. Premature..... 7. Are Parents Married? yes  
5. Number, in order of birth... 3 Full term... yes 8. Date of birth May 5 1916  
(Month, day, year)

9. Full name E. P. Butler FATHER 18. Name before marriage Mollie N. Brown MOTHER  
10. Residence (mailing address) Summerton 19. Residence (mailing address) Summerton  
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race Negro 12. Age at child's birth 35 (years) 20. Color or race Negro 21. Age at child's birth 30 (years)  
13. Birthplace (city or place) Clarendon Co. S.C. 22. Birthplace (city or place) Clarendon Co. S.C.  
(State or country) (State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic  
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. .... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....  
16. Date (month and year) last engaged in this work 3-12-1944 17. Total time (years) spent in this work 30 1/2 25. Date (month and year) last engaged in this work 3-18-1944 26. Total time (years) spent in this work all life

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living... 3 (b) Born alive but now dead... (c) Stillborn...  
28. If stillborn, period of gestation... (months weeks) 29. Cause of stillbirth... Before labor... During labor...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

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

Given name added from  
a supplementary report..... (Date of) .....

(Signed) E. P. Butler, Parent  
or..... Guardian

Address P. O. Box 85, S. A. Hammingway, S.C.

Filed March 22 1944 L. A. Riser, M.D.  
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)