

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.)

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 <u>Boy</u>	If Plural births	4. Twins, triplets or other.....	5. Number, in order of birth... <u>3</u> ...	6. Premature.....	7. Are Parents Full term... <u>yes</u> Married?... <u>yes</u>	8. Date of birth... <u>May 5</u> 19... <u>16</u> (Month, day, year)
9. Full name <u>C. S. Butler</u>				18. Name before marriage <u>Willie N. Brown</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Summerton</u>				19. Residence (mailing address) (If non-resident, give place and State) <u>Summerton</u>		
11. Color or race <u>Negro</u>		12. Age at child's birth... <u>35</u> (years)		20. Color or race <u>Negro</u>		21. Age at child's birth... <u>30</u> (years)
13. Birthplace (city or place) (State or country) <u>Clarendon Co. S.C.</u>				22. Birthplace (city or place) (State or country) <u>Clarendon Co. S.C.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Minister</u>				23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Domestic</u>		
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 <u>3-12</u> 19... <u>44</u>				17. Total time (years) spent in this work... <u>30 1/2</u>		25. Date (month and year) last engaged in this work <u>3-18</u> 19... <u>44</u>
26. Total time (years) spent in this work... <u>all life</u>						
27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living... <u>3</u> (b) Born alive but now dead... (c) Stillborn.....						
28. If stillborn, period of gestation..... months weeks				29. Cause of stillbirth.....		

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)

Registrar.

(Signed) C. S. Butler, Parent

or....., Guardian

Address R. F. D. 4 Box 85 A Hammingway S.C.

Filed March 22 19...44 L. A. Riser, M.D.

Registrar.