

(1) PLACE OF BIRTH
 County of Greenville
 Township of Butts
 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
64483

Registration District No. 2201 Registered No. 33
 (For use of Local Registrar)

(2) Full Name of Child Mabel Butler { If child is not yet named, make supplemental report as directed

| | | | | |
|---|---|---|-------------------------------------|--|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? <u>None</u> | (5) Number in order of birth <u>1</u> <small>(to be entered only in case of twins or triplets)</small> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>June 27 1916</u> <small>(Name of Month) (Day) (Year)</small> |
| FATHER. | | MOTHER. | | |
| (8) FULL NAME <u>John Butler</u> | (14) NAME BEFORE MARRIAGE <u>Daisy Willoughby</u> | | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Trovellers Rest S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>None</u> | | | |
| (10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small> | (16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small> | | | |
| (12) BIRTHPLACE <u>Greenville Co S.C.</u> | (18) BIRTHPLACE <u>Greenville Co S.C.</u> | | | |
| (13) OCCUPATION <u>Farmer</u> | (19) OCCUPATION <u>at home</u> | | | |
| (20) Number of children born to mother, including present birth <u>3</u> | (21) Number of children of this mother now living, including present birth <u>3</u> | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. A. Tolander

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

Given name added from a supplemental report 191.....
 Registrar

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

(27) Filed June 1916 (28) S. C. C. Stine
 Local Registrar.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw of Columbia.

*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.