

(1) PLACE OF BIRTH
 County of Sumter
 Township of Shalburny
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
44837

Registration District No. 4109 Registered No. 119
 (For use of Local Registrar)

City of (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 Sarah Butler } If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 19, 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Bratton Butler
 9) PRESENT POSTOFFICE OF FATHER Sumter S.C.
 10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 39 (Years)
 12) BIRTHPLACE S.C.
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth } Five

MOTHER.

14) NAME BEFORE MARRIAGE Eugenia Pingle
 15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
 16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 34 (Years)
 18) BIRTHPLACE S.C.
 19) OCCUPATION Housekeeper
 21) Number of children of this mother now living, including present birth } Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sarah S. Pingle
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter S.C.

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

(26) Witness A. F. Neyle
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12/29 1914 (28) A. F. Neyle 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.

Form No. 10. MARGAN RESERVED FOR PENDING WHITE PLAINS. WITH LEADING INK—THIS IS A PERMANENT RECORD N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for EACH, and mark the FIRST-BORN. No. 1. THE OTHER. No. 2, etc. in question 5. McCall, of Columbia