

Form No 1.

(1) PLACE OF BIRTH

County of *Berkeley*Township of *Canton*or
Inc. Town ofor
City of(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. *708* Registered No. *155*
(For use of Local Registrar)(2) Full Name of Child *Janette 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

Is he numbered only in case of Twins or Triplets

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Feb 1st 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Butler

(9) PRESENT POSTOFFICE OF FATHER

Eady Town S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

Eady Town

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Lena Washington

(15) PRESENT POSTOFFICE OF MOTHER

Eady Town S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Eady Town S.C.

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *B.P.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *D. W. Cross*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Eady Town S.C.*

Given name added from a supplemental report

(26) Witness

E. M. Cross
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Feb 9th 1916*

(28)

D. W. Cross
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.