

(1) PLACE OF BIRTH

County of RichmondTownship of Richmondor
Loc. Town of.....

City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24978

Registration District No. 831Registered No. 73
(For use of Local Registrar)(2) Full Name of Child Marion Butler

(If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL
A

4. Twin or Triplet?

To be answered only in event of Twins or Triplets

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH

June 10 1933
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

John Butler

9. PRESENT POSTOFFICE OF FATHER

Richmond

10. COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 35
(Years)

12. BIRTHPLACE

Richmond

13. OCCUPATION

Farmer

20. Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Thomas

(15) PRESENT POSTOFFICE OF MOTHER

North

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 35
(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Farmer

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn Hour * M. or P. M.)(23) (Signature) Butler

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 24 1933(28) J. H. Mark 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.

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