

## (1) PLACE OF BIRTH

County of Fairfax  
 Township of .....  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

30079

Registration District No. 1907 Registered No. 65  
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL? (4) Twin or Triplet? one (5) Number in order of birth (6) Are Parents Married? married (7) DATE OF BIRTH 14th Sept 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Butler  
 (9) PRESENT POSTOFFICE OF FATHER Ridgeway St  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 39 (Year)  
 (12) BIRTHPLACE Lanham  
 (13) OCCUPATION

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Lane Thomas  
 (15) PRESENT POSTOFFICE OF MOTHER Ridgeway St  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 31 (Year)  
 (18) BIRTHPLACE Lanham  
 (19) OCCUPATION

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

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Alice Lamore

(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 9/9 1922

(28) L. E. Hooper 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.