

MARGIN RESERVED FOR BINDING.

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

(1) PLACE OF BIRTH

County of *Charleston*  
Township of .....  
or  
Inc. Town of .....  
or  
City of *Charleston*

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

Registration District No. *9*

File No. For State Registrar Only  
*80566*

Registered No. *1167*  
(For use of Local Registrar)

(2) Full Name of Child *Baby Butler* (No. *17* *Burns Lane* St. .... Ward ....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? ..... (5) Number in order of birth .....  
(If child is not yet named, make supplemental report as directed.)  
(6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Oct 26* 19*16*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Joseph Butler*  
(9) PRESENT POSTOFFICE OF FATHER *Charleston*  
(10) COLOR OR RACE *Col.* (11) AGE AT LAST BIRTHDAY *23*  
(12) BIRTHPLACE *New Jersey*  
(13) OCCUPATION *Laborer*  
(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Narah Middleton*  
(15) PRESENT POSTOFFICE OF MOTHER *Charleston*  
(16) COLOR OR RACE *Col.* (17) AGE AT LAST BIRTHDAY *23*  
(18) BIRTHPLACE *North Carolina*  
(19) OCCUPATION *Domestic*  
(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *11:30* a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *L. W. McPherson* (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Roper Hospital*

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed *10/30* 19*16*

(28)

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.

Registrar

Filed 10/31

19 16

J. M. Green, M.D.

Corrected

LEON BERRY, M.D.

REGISTRAR