

Form No. 1

## (1) PLACE OF BIRTH

County of Julien

Township of .....

or

Inc. Town of... Julien

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42054

Registration District No. 16 Registered No. 59

(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 Joe Albert Butler

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 19 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Winnie Butler(9) PRESENT POSTOFFICE OF FATHER Julien S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE Bretton S.C.(13) OCCUPATION B. R. Butler Farmer(20) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Simpson(15) PRESENT POSTOFFICE OF MOTHER Bretton S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
(Years)(18) BIRTHPLACE —(19) OCCUPATION House Work(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 Born alive at 9 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. Butler(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bretton S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 22 1922 (28) B. J. Butler 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.

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.