

(1) PLACE OF BIRTH Charleston CERTIFICATE OF BIRTH
County of Charleston STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
Township of 11 State Board of Health
OR
Inc. Town of 11 Registration District No. 191
OR
City of Charleston (No. 43 Line St.; 103 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only

76036

(2) Full Name of Child Butler

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth? 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 28 1916
(Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME Crooks F Butler

(9) PRESENT POSTOFFICE OF FATHER 43 Line St

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Charleston

(13) OCCUPATION Bookkeeper

(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Gertrude Sullivan

(15) PRESENT POSTOFFICE OF MOTHER 43 Line St

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Charleston

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 00 M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Chasde

Given name added from a supplemental report

7-7-, 1917

J P L
Registrar

(26) Witness

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

(27) Filed 9/29 1916

Local Registrar.

*When there was no attending physician or midwife, then the father, household head, or other person should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired before the fifth month of pregnancy.