

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town ofor
City of Sumter(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Leta June Butler

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

June 18, 1922
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

W. G. Butler Jr

(9) PRESENT POSTOFFICE OF FATHER

Sumterville, S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

Sumter, S.C.

(13) OCCUPATION

Submetal worker

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Muriel Schroch

(15) PRESENT POSTOFFICE OF MOTHER

Sumter, S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

Sumter Co., W. Va.

(19) OCCUPATION

Domestic

(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 at 3 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. G. Butler Jr

(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 mother)

(27) Filed

July 10, 1922

(28) Local Registrar

D. P. Brown

*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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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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 5

Form 60

MCCAW OF COLUMBIA, COLUMBIA, S. C.