

(1) PLACE OF BIRTH

County of *Charleston*Township of *11*Inc. Town of *11*City of *11*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 11-For this Register

3180

Registration District No. *9 A*Registered No. *261*

(For use of Local Registrar)

(No. *101* President)

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

(2) Full Name of Child

Edison Russell Butler

(a) SEX OR CHILD *Boy* (b) TWIN or TRIPLE *Twins* (c) Number in order of birth *2* (d) AGE *1 yr 3 mo* (e) DATE *Feb 3 1923*
 To be secured only in case of Twins or Triples (f) BIRTH (Name of Month) (Day) (Year)

FATHER: (1) FULL NAME *George Frank Butler* (2) PRESENT RESIDENCE OF FATHER *Charleston S.C.* (3) COLOR OR RACE *white* (4) BIRTHPLACE *Charleston S.C.* (5) OCCUPATION *Ad. Broker*

MOTHER: (1) NAME BEFORE MARRIAGE *Esther J. Butler* (2) PRESENT RESIDENCE OF MOTHER *Charleston S.C.* (3) COLOR OR RACE *white* (4) BIRTHPLACE *Charleston S.C.* (5) OCCUPATION *Housewife*

(20) Number of children born to mother, including present birth *10* (21) Number of children of this mother now living, including present birth *9*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Edison* on the date above stated. (Born alive or stillborn) (Sex M. or F. M.)

(23) (Signature) *J. M. Green* (24) State where Physician or Midwife (25) Address of Physician or Midwife *1705 1/2*

Given name added from a supplemental report.

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

(27) Filed *2/12* 1923 *J. M. Green* 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.

MAKING MARKS FOR MISSING.

WRITE PLAINLY. WITH CRAMER, THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLE USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. FROM OTHER, No. 2. CO. IN QUESTION 2.