

(1) PLACE OF BIRTH

County of Murphy
 Township of Hubert
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19546

Registration District No. 740 Registered No. 25
 (For use of Local Registrar)

City of (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 James Butler

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 29, 1922
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME (14) NAME BEFORE MARRIAGE Born Bell Davis
 (9) PRESENT POSTOFFICE OF FATHER (15) PRESENT POSTOFFICE OF MOTHER Murphy
 (10) COLOR OR RACE (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18
 (11) AGE AT LAST BIRTHDAY (Years) (18) BIRTHPLACE Murphy, S.C.
 (12) BIRTHPLACE (19) OCCUPATION Farmer
 (13) OCCUPATION (20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) William J. Williams
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Murphy

Given name added from a supplemental report

(26) Witness William J. Williams
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 29, 1922 (28) J. Y. Lloyd
 Registrar 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.