

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
 Township of Centaur
 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

13848

Registration District No. 708 Registered No. 60
 (For use of Local Registrar)

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

3) BOY OR GIRL _____	4) Twin or Triplet? _____ To be answered only in event of Twin or Triplet	5) Mother in order of birth _____	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH _____ 19____ (Name of Month) (Day) (Year)
----------------------	------------------------------------------------------------------------------	-----------------------------------	------------------------------------	---------------------------------------------------------------

FATHER.

8) FULL NAME George Butler
 9) PRESENT POSTOFFICE OF FATHER Eadytown S.C.
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 30 (Year)
 12) BIRTHPLACE Berkeley Co
 13) OCCUPATION Farming
 20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Mary Butler
 15) PRESENT POSTOFFICE OF MOTHER Eadytown S.C.
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 28 (Year)
 18) BIRTHPLACE Berkeley Co
 19) OCCUPATION Housewife
 21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Elizabeth Collins(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Winville S.C.

Given name added from a supplemental report

(26) Witness _____

(Signature of Witness necessary only when question 25 is signed by mark)

(27) May 25 19____
Registrar(28) Ellen 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS, mark the first-born, No. 1, THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.