

MARGIN RESERVED FOR BINDING.
WRITE 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 8.

(1) PLACE OF BIRTH

County of Greenville
Township of Butler
or
Inc. Town of
or
City of

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

Registration District No. 2202 Registered No. 67
(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.)

File No. For State Registrar Only
77227

(2) Full Name of Child

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 8 27 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Butler
(9) PRESENT POSTOFFICE OF FATHER Taylor R 2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Years)
(12) BIRTHPLACE Spartanburg Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Emilie Duncan
(15) PRESENT POSTOFFICE OF MOTHER Taylor R 2
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
(Years)
(18) BIRTHPLACE Greenville Co.
(19) OCCUPATION House Wife
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 4:30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) J. A. White M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville R 2

Given name added from a supplemental report

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

(27) Filed Oct 10 19 16 (28) W. White M.D. 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.