

Form No. 1

(1) PLACE OF BIRTH

County of SaludaTownship of #4or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19047

Registration District No. 3903 Registered No. 87
(For use of Local Registrar)(2) Full Name of Child Frances Butler If child is not yet named, make supplemental report as directed

3 SEX GIRL	4 Twin or Triplet?	5 Number in order of birth	6 Are Parents Married	7 DATE OF BIRTH <u>June 4, 1923</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
8 FULL NAME <u>Willie Butler</u>	14 NAME BEFORE MARRIAGE <u>Pearl Andrews</u>	9 PRESENT POSTOFFICE OF FATHER <u>Saluda S. C.</u>	15 PRESENT POSTOFFICE OF MOTHER <u>Saluda S. C.</u>
10 COLOR OR RACE <u>Blk</u>	11 AGE AT LAST BIRTHDAY <u>26</u> (Years)	16 COLOR OR RACE <u>Blk</u>	17 AGE AT LAST BIRTHDAY <u>26</u> (Years)
12 BIRTHPLACE <u>Saluda Co</u>	18 BIRTHPLACE <u>Saluda Co</u>	19 OCCUPATION <u>Farmer</u>	20 OCCUPATION <u>Housewife</u>
21 Number of children born to mother, including present birth <u>12</u>	22 Number of children of this mother now living, including present birth <u>12</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was at 2 P. M.
on the date above stated. (Born Alive or Stillborn) (Hour A. M. or P. M.)(24) (Signature) Harriet Butler
(25) State whether Physician or Midwife (26) Address of Physician or Midwife SaludaGiven name added from a supplement-
tal report(27) Witness Marie Grant
(Signature of Witness necessary only
when question 23 is signed by mark)(28) Filed July 1, 1923 (29) Marie Grant
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.