

Form No. 1

(1) PLACE OF BIRTH

County of Sumter....
 Township of Manchester.
 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

22703

Registration District No. 4101... Registered No. 7
 (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 Loraine Butler If child is not yet named, make supplemental report as directed

3 SEX-OR GIRL? <u>Girl</u>	4 Type or Triplet To be answered only in event of Twins or Triplets	5 Number in order of birth	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>July 6, 23</u> (Month) (Day) (Year)
FATHER		MOTHER		
8 FULL NAME <u>Harry Butler</u>	14 NAME BEFORE MARRIAGE <u>Susan Butler</u>			
9 PRESENT POSTOFFICE OF FATHER <u>Wedgfield S. C. #1</u>	15 PRESENT POSTOFFICE OF MOTHER <u>Wedgfield S. C. #1</u>			
10 COLOR OR RACE <u>Col.</u>	11 AGE AT LAST BIRTHDAY <u>26</u> (Years)	16 COLOR OR RACE <u>Col.</u>	17 AGE AT LAST BIRTHDAY <u>22</u> (Years)	
12 BIRTHPLACE <u>Clarendon Co.</u>	18 BIRTHPLACE <u>Sumter County</u>			
13 OCCUPATION <u>Field Hand</u>	19 OCCUPATION <u>Field Hand</u>			
20 Number of children born to mother, including present birth <u>15</u>	21 Number of children of this mother now living, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M.
 on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Walter J. Wynn

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife of Mt. Wedgfield S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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.