

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 Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 6, 1923  
 (If child is not yet named, make supplemental report as directed)

**FATHER**  
 (8) FULL NAME Harry Butler  
 (9) PRESENT POSTOFFICE OF FATHER Wedgfield S. C. #1  
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 26  
 (12) BIRTHPLACE Clarendon Co.  
 (13) OCCUPATION Field Hand  
 (14) Number of children born to mother, including present birth 5

**MOTHER**  
 (14) NAME BEFORE MARRIAGE Susan Butler  
 (15) PRESENT POSTOFFICE OF MOTHER Wedgfield S. C. #1  
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 22  
 (18) BIRTHPLACE Sumter County  
 (19) OCCUPATION Field Hand  
 (21) Number of children of this mother now living, including present birth 4

**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 alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Blair J. Wynn(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Wedgfield S. C. #1

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.