

PLACE OF BIRTH

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

File No. **13757**

County Charleston

Township of Charleston

City of Charleston

Registration District No. 17A

Registered No. 19
(For use of Local Registrar)

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

(2) Full Name of Child

(1) SEX OF CHILD <u>Boy</u>	(4) TIME OF BIRTH <u>To be entered only in case of Twins or Triplets</u>	(3) NUMBER IN ORDER OF BIRTH	(6) AGE AT BIRTH <u>36 m 23 d</u>
FATHER		MOTHER	
(14) FULL NAME <u>William L. Butcher</u>		(14) NAME BEFORE MARRIAGE <u>Theresa Duggan</u>	
(15) PRESENT POSTOFFICE OF FATHER <u>Summerville, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville, S.C.</u>	
(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u>
(18) BIRTHPLACE <u>Charleston, S.C.</u>		(18) BIRTHPLACE <u>Charleston, S.C.</u>	
(19) OCCUPATION <u>Insurance</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Four</u>		(21) Number of children of this mother now living, including present birth <u>Four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edw. P. LaVette

(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(26) Filed MAY 11 1927 at ED. P. LA VETTE
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

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