

(1) PLACE OF BIRTH  
County of Lexington

Township of \_\_\_\_\_  
or  
Inc. Town of Hartsville

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

Registration District No. 1173

File No.—For State Registrar Only  
41044

Registered No. 133  
(For use of Local Registrar)

(2) Full Name of Child. .... { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Inf (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 10 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Henry Hamibal Butler  
(9) PRESENT POSTOFFICE OF FATHER Hartsville SC  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Housewife  
(14) Number of children born to mother, including present birth { 4

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Alice Crossland  
(15) PRESENT POSTOFFICE OF MOTHER Hartsville SC  
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth { 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(21) I hereby certify that I attended the birth of this child, who was born alive at 9:45 M., on the date above stated. (Hour, A. M. or P. M.)

(22) (Signature) William R. Sykes  
(23) State whether Physician or Midwife (24) Address of Physician or Midwife  
Physician Hartsville SC

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(25) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(26) Filed Dec 16 22 191..... (27) W. J. H. Hays 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.

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