

(1) PLACE OF BIRTH County of <u>Florence</u> Township of <u>North</u> 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 <div style="border: 1px solid black; padding: 5px; display: inline-block;">4157</div>	
		Registration District No <u>2012</u>		Registered No. <u>10</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Supriya Anurag Desai</u>					
(3) BOY OR GIRL? <u>Girl</u>		(4) Twin or Triplet? _____ <small>To be answered only in event of Twins or Triplets</small>		(5) Are Parents Married? <u>Yes</u>	
		(6) DATE OF BIRTH <u>11 22</u> <small>(Name of Month) (Day) (Year)</small>			
FATHER.			MOTHER.		
(8) FULL NAME <u>C. Thomas Butler</u>			(14) NAME BEFORE MARRIAGE <u>Leroy M. Reed</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Coward</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Coward</u>		
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Georgia</u>			(18) BIRTHPLACE <u>Thomsonville</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housekeeper</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was... <u>Alive</u> ... at <u>12 04</u> M. on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or Midwife <u>Physician</u> Address of Physician or Midwife <u>[Address]</u>					
Given name added from a supplemental report _____			(25) Witness _____ <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		
19... Registrar _____			(27) Filed <u>3/10</u> 19... (28) <u>A. S. Heddy</u> Local Registrar.		
<small>*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.</small>					