

CO # 3974  
6-16-87

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, S. C.

**(1) PLACE OF BIRTH**  
 County of Orangeburg  
 Township of .....  
 or  
 Inc. Town of Branchville  
 or  
 City of \*BY COURT ORDER 5-12-87, (No. .... St.; .... Ward)  
 (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

File No.—For State Registrar Only  
**1904**

Registration District No. 3601 Registered No. .... 2 .....  
 (For use of Local Registrar)

**\*HORACE KINLAW**

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>July 15 23</u> (Name of Month) (Day) (Year)
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<b>FATHER.</b>		<b>MOTHER.</b>	
(8) FULL NAME <u>Wm Kendley</u>	(14) NAME BEFORE MARRIAGE <u>Janice Butler</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Branchville S C</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Branchville S C</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>S C</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S C</u>	(19) OCCUPATION <u>none</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

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

(22) I hereby certify that I attended the birth of this child, who was ... Born alive ... at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lottie Stephens  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 20 23 (28) Freston Ott  
 Registrar 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.

1801